2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# 732101

Entity Name: CONSUMER CREDIT COUNSELING SERVICE OF WEST FLORIDA, INC.

Current Principal Place of Business:

14 PALAFOX PLACE
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 950
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 52-1242143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYGARDEN, LOUIS A
14 PALAFOX PLACE
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PCEO	( ) Delete
Name:	MAYGARDEN, LOUIS A	
Address:	10100 HILLVIEW DR. APT. 1304	
City-St-Zip:	PENSACOLA, FL 32514 US	
Title:	C	( ) Delete
Name:	RANELLI, EDWARD PH.D.	
Address:	UNIVERSITY OF WEST FLORIDA	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	S	( ) Delete
Name:	YOUNG, PAUL	
Address:	5955 OSPREY PLACE	
City-St-Zip:	PENASCOLA, FL 32504 US	
Title:	D	( ) Delete
Name:	OCHS, JOHN H	
Address:	1495 E NINE MILE RD	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	VC	( ) Delete
Name:	WALLACE, W.G.	
Address:	6740 SCOTTS PLACE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	ED	( ) Delete
Name:	STRAIN, LARRY	
Address:	401 EAST CHASE STREET	
City-St-Zip:	PENSACOLA, FL 32502	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIBBY ROGERS VP 03/02/2009

Electronic Signature of Signing Officer or Director — Date