

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732101

FILED
Jan 04, 2010
Secretary of State

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
Name: MAYGARDEN, LOUIS A
Address: 10100 HILLVIEW DR. APT. 1304
City-St-Zip: PENSACOLA, FL 32514 US

Title: C
Name: RANELLI, EDWARD PH.D.
Address: UNIVERSITY OF WEST FLORIDA
City-St-Zip: PENSACOLA, FL 32514

Title: S
Name: YOUNG, PAUL
Address: 5955 OSPREY PLACE
City-St-Zip: PENASCOLA, FL 32504 US

Title: D
Name: OCHS, JOHN H
Address: 1495 E NINE MILE RD
City-St-Zip: PENSACOLA, FL 32514

Title: VC
Name: WALLACE, W.G.
Address: 6740 SCOTTS PLACE
City-St-Zip: PENSACOLA, FL 32526

Title: ED
Name: STRAIN, LARRY
Address: 401 EAST CHASE STREET
City-St-Zip: PENSACOLA, FL 32502

I hereby 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 all other like empowered.

SIGNATURE: LIBBY ROGERS

SVP

01/04/2010

Electronic Signature of Signing Officer or Director

Date