## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 732101**

FILED Jaņ 0<u>3, 2</u>012 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

14 PALAFOX PLACE

PENSACOLA, FL 32502 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 950

PENSACOLA, FL 32591 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAYGARDEN, LOUIS A 14 PALAFOX PLACE

PENSACOLA, FL 32502 US

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

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

Title:

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

Title:

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

Title:

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

VC Title:

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

Title:

STRAIN, LARRY Name:

Address: 401 EAST CHASE STREET PENSACOLA, FL 32502 City-St-Zip:

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: LOUIS A. MAYGARDEN **PCEO** 01/03/2012