

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732990 (7)

1. Corporation Name

CONSUMER CREDIT COUNSELING SERVICE OF THE FLORID
A SUNCOAST, INC.

Principal Place of Business

801 W BAY DR STE 313
LARGO FL 34640

Mailing Address

801 W BAY DR STE 313
LARGO FL 34640



3. Date Incorporated or Qualified
06/06/1975

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NURSE, PATRICIA
244 115TH AVE N 4
ST PETE, FL
33716

100 Bluff View Dr., #C217
Belleair Bluffs, FL.
34640

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
STO
FOWLER, ROBERT L.
STREET ADDRESS
140 SEVENTH AVE., S.
CITY- ST- ZIP
ST. PETERSBURG FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
CD
BEALL, RAY
STREET ADDRESS
6701 DALE MABRY HWY S
CITY- ST- ZIP
TAMPA FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
D
BEALL, RAY
6701 DALE MABRY HWY S.
TAMPA, FL.

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
NURSE, PATRICIA
STREET ADDRESS
244 115TH AVE., NO 4
CITY- ST- ZIP
ST. PETERSBURG FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
P
NURSE, PATRICIA
100 Bluff View Dr. #C217
Belleair Bluffs, FL. 34640

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
D
HAUGHT, JOE
STREET ADDRESS
5585 RIO VISTA DR
CITY- ST- ZIP
CLEARWATER FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
VD
MURDOCK, RICHARD E
STREET ADDRESS
2599 DOLLY BAY DRIVE
CITY- ST- ZIP
PALM HARBOR FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition

NAME
CD
CADELL, TIM
STREET ADDRESS
7700 61st. STREET N.
CITY- ST- ZIP
PINELLAS PARK, FL. 34665

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 16/96 (813) 585-5674
Date Daytime Phone #

CR2E037 (12/95)