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FILED

Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

Mailing Address

**801 W BAY DR STE 313
LARGO FL 34640****801 W BAY DR STE 313
LARGO FL 33770-3251**3. Date Incorporated or Qualified
06/06/19753a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1608515

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NURSE, PATRICIA
100 BLUFF VIEW DRIVE,
SUITE #C217
BELLEAIR BLUFFS FL 34640- 33770**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD** ☐ DELETE
NAME **FOWLER, ROBERT L.**
STREET ADDRESS **140 SEVENTH AVE., S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **BEALL, RAY**
STREET ADDRESS **6701 DALE MABRY HWY S**
CITY-ST-ZIP **TAMPA FL 33686**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **P** ☐ DELETE
NAME **NURSE, PATRICIA**
STREET ADDRESS **100 BLUFF VIEW DRIVE, SUITE #C217**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **HAUGHT, JOE**
STREET ADDRESS **5585 RIO VISTA DR**
CITY-ST-ZIP **CLEARWATER FL 34620**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **CD** ☐ DELETE
NAME **CADDELL TIM**
STREET ADDRESS **7700 61ST STREET, N**
CITY-ST-ZIP **PINELLAS PARK FL 33781**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Patricia Nurse, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Nurse, President

Jan. 21, 1997

Date

Daytime Phone # 0049573

CR2E037 (9/96)