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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA 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 34640

3. Date Incorporated or Qualified

06/06/1975

4. FEI Number

59-1608515

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 33770

Country

28 Zip 33770

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE P  
NAME NURSE, PATRICIA  
STREET ADDRESS 100 BLUFF VIEW DRIVE, SUITE #C217  
CITY-ST-ZIP BELLEAIR BLUFFS FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE CD  
NAME CADDELL TIM  
STREET ADDRESS 7700 61ST STREET, N  
CITY-ST-ZIP PINELLAS PARK FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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

Patricia Nurse  
President  
March 3, 1998

CF2E037 (10/97)