

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007254

FILED
Aug 31, 2004
Secretary of State

Entity Name: GEORGIA ASSOCIATION OF CREDIT MANAGEMENT, INC.

Current Principal Place of Business:

3700 CRESTWOOD PKWY SUITE 1060
DULUTH, GA 30096

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 29429
ATLANTA, GA 30359

New Mailing Address:

FEI Number: 58-0145150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDER, BENJAMIN ESQ.
C/O KASS, SHULER, ET AL
1505 NORTH FLORIDA AVE.
TAMPA, FL 33601 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: P () Delete
Name: RYAN, MICHAEL P
Address: 3700 CRESTWOOD PKWY SUITE 1060
City-St-Zip: DULUTH, GA 30096

Title: S (X) Delete
Name: OWENS, DONNA
Address: 3700 CRESTWOOD PKWY SUITE 1060
City-St-Zip: DULUTH, GA 30096

Title: D (X) Delete
Name: PRINCE, DENNIS
Address: 3700 CRESTWOOD PKWY
City-St-Zip: DULUTH, GA 30096

Title: CD (X) Delete
Name: BERLIN, CRAIG
Address: 3700 CRESTWOOD PKWY SUITE 1060
City-St-Zip: DULUTH, GA 30096

Title: D () Delete
Name: BONDS, JOEL
Address: 3700 CRESTWOOD PKWY SUITE 1060
City-St-Zip: DULUTH, GA 30096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CHAR (X) Change () Addition
Name: BONDS, JOEL
Address: 3700 CRESTWOOD PKWY SUITE 1060
City-St-Zip: DULUTH, GA 30096

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL P RYAN

PRES

08/31/2004

Electronic Signature of Signing Officer or Director

Date