Applied For

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL-REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF PORPORATIONS

DOCUMENT # F9800005769

1. Corporation Name

KIMBERLY CREDIT COUNSELING ALLIANCE, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

2662 HOLCOMB BRIDGE RD.. SUITE 340 ALPHARETTA GA 30022

2662 HOLCOMB BRIDGE RD., SUITE 340 ALPHARETTA GA 30022

FILED Jul 23, 1999 8:00 am Secretary of State

07-23-1999 90006 014 ****61.25

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3. Date Incorporated or Qualifed

58-2240756

10/15/1998

4. FEI Number

City & State	•	City & State			5 Certificate o	f Status Desired		\$8.75 Additional		
23		28				J. Ochmodie o			Fee	Required
Zip	Country	Zip	Count	ry		6. Election Ca	mpaign Financing		\$5.0	00 May Be
24	25	29	30			Trust Fund	Contribution		Add	ed to Fees
1	9. Name and Address of Current	Registered Agent				10. Name and	Address of New	Registered	Agent	
			8	11	Name					
C T COR	PORATION SYSTEM		-	<u>.</u>						
			8	Street Address (P.O. Box Number is Not Acceptable)						
1200 SOUTH PINE ISLAND ROAD										
PLANIAI	ION FL 33324			13						
			8	14	City				85 Z	ip Code
		·		┙				<u>FL</u>		(4
office or re	o the provisions of Sections 617.0502 egistered agent, or both, in the State of n familiar with, and accept the obligation	Florida, Such change was a	authorized b	ov ti	-named cor he corporat	rporation submits this tion's board of direct	s statement for the ors. I hereby acce	purpose of pt the appoir	changing itment as	registered
SIGNATURE	•									
5.5/17/10/12	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	_ 	gent	signature requir	red when reinstating)		DATE		
12.	OFFICERS AND		13.			ADDITIONS/	CHANGES TO OF	FICERS AN		
ΠΙLE	PCST	☐ DELETE	1.1 TITLE	Ξ					Chan	ge 🗌 Addition
NAME	PERRY, MAUREEN		1.2 NAME	E	ļ					
STREET ADDRESS	2662 HOLCOMB BR. RD., SUITI	340	1.3 STRE	ET /	ADDRESS					
CITY-\$T-ZIP	ALPHARETTA GA 30022		1,4 CITY	-ST-	-ZIP					
TITLE	VCV	☐ DELETE	2.1 TITLE	Ξ.			· 		Chan	ge Addition
NAME	HOMER, MARY JO		2.2 NAM	E	ŀ					
STREET ADDRESS	2662 HOLCOMB BR. RD., SUITI	E 340	2.3 STRE	ET /	ADDRESS					
CITY-ST-ZIP	ALPHARETTA GA 30022		2. 4 CITY	-ST	-71P					,
TITLE		☐ DELETE	3.1 TITLE						☐ Chan	ge - Addition
NAME			3.2 NAME	E						
STREET ADDRESS			3.3 STRE	EET /	ADDRESS					
CITY-ST-ZIP			3.4. CITY	ST	.71P					
TITLE		☐ DELETE	4.1 TITLE					· '····	Chan	ge Addition
NAME		-	4. 2 NAM							
STREET ADDRESS			- 1		ADDRESS					
CITY-ST-ZIP			4.4 CITY	st.	.7IP					
TITLE		☐ DELETE	5.1 TITLE				-		Chan	ge Addition
NAME			5.2 NAME	E						
STREET ADDRESS			5.3 STRE	ET /	ADDRESS					
CITY-ST-ZIP			5.4 CITY-	-ST-	- ŽIP					
TITLE		☐ DELETE	6.1 TITLE			71.0			☐ Chan	ge Addition
NAME		<u> </u>	6.2 NAME	E					_	-
STREET ADDRESS			6.3 STRE	ET /	ADDRESS					
CITY-ST-ZIP			6.4 CITY-		1					
	ertify that the information supplied with	this filing does not quality fo				Section 119.07(3)(i)	, Florida Statutes.	I further cert	ify that th	e information

Indicated on this annual report or supplied with this limit does not peakly for the exemption stated in Section 19.07(3)(f), Fordia Statutes. There can be 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, with all other like empowered.

SIGNATURE: