


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90184 012 ****61.25

DOCUMENT # F99000001857 1. Entity Name INCHARGE DEBT SOLUTIONS, INC.					
Principal Place of Business 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835				Mailing Address 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EDWARDS, HOWELL E <input type="checkbox"/> Delete 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please see attached sheet <input type="checkbox"/> Change <input type="checkbox"/> Addition for a list of officers and board of trustees of InCharge Debt Solutions, Inc.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLOSS, ROBERT W JR. <input type="checkbox"/> Delete 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT BARRETT, ROBERT J <input type="checkbox"/> Delete 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONEY, ETTA W <input type="checkbox"/> Delete 2101 PARK CENTER DRIVE, SUITE 320 ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Rw Clough</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/19/05</u> <small>Date</small>		<u>407-532-5650</u> <small>Daytime Phone #</small>

ATTACHMENT

14000089
F9 900000 1357

OFFICERS OF INCHARGE DEBT SOLUTIONS

Robert W. Closs, Jr., President
InCharge Debt Solutions
2101 Park Center Dr. Suite 320
Orlando, FL 32835

Etta W. Money, Treasurer
InCharge Debt Solutions
2101 Park Center Dr. Suite 320
Orlando, FL 32835

Howell E. Edwards, Secretary
InCharge Debt Solutions
2101 Park Center Dr. Suite 320
Orlando, FL 32835

BOARD OF TRUSTEES OF INCHARGE DEBT SOLUTIONS

Robert J. Barrett, Chairman
InCharge Debt Solutions
2101 Park Center Dr. Suite 320
Orlando, FL 32835

Etta W. Money, Trustee
InCharge Debt Solutions
2101 Park Center Dr. Suite 320
Orlando, FL 32835

Lonnie M. Ritzer, Trustee
Shapiro, Sher, Guinot & Sandler
36 South Charles Street. 20th Floor
Baltimore, MD 21201

James E. Harris, Trustee
5440 Kerger Road
Ellicott City, MD 21043

Mr. Alan L. Crowell, Trustee
Health Central
10000 West Colonial Drive
Ocoee, FL 34761