

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005496	
1. Entity Name FEDERATED FINANCIAL SERVICES CREDIT COUNSELING CORP.	

Principal Place of Business 3275 WEST HILLSBORO BLVD. SUITE 207 DEERFIELD BEACH, FL 33442	Mailing Address 3275 WEST HILLSBORO BLVD. SUITE 207 DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR.
3275 WEST HILLSBORO BLVD.
SUITE 207
DEERFIELD BEACH, FL 33442

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, ANTHONY G JR. 3275 WEST HILLSBORO BLVD. SUITE 110 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, STEVEN 3275 WEST HILLSBORO BLVD. SUITE 110 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENBERG, MARGARET 3275 WEST HILLSBORO BLVD. SUITE 110 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ Date: 4/30/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

04 MAY 10 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 No Chg-NP CR2E037 (10/03) 04

4. FEI Number 65-1032859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required