

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000131

FILED
Jul 02, 2006
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF CREDIT COUNSELING, INC.

Current Principal Place of Business:

6710 WINKLER RD
2
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6710 WINKLER RD
2
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-1066050 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, LAURENCE J PA
6710 WINKLER RD
2
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

SMITH, LAURENCE J ESQ.
6710 WINKLER RD
2
FORT MYERS, FL 33919 US

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: LAURENCE J. SMITH

07/02/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SMITH, NADINE
Address: 6710 WINKLER RD - # 2
City-St-Zip: PLANTATION, FL 33919

Title: VSD () Delete
Name: SMITH, LAURENCE
Address: 6710 WINKLER RD - # 2
City-St-Zip: FORT MYERS, FL 33919

Title: VD () Delete
Name: RHODES, TREVOR
Address: 6710 WINKLER RD - # 2
City-St-Zip: FORT MYERS, FL 33919

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NADINE R. SMITH

P

07/02/2006

Electronic Signature of Signing Officer or Director

Date