

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004326

FILED
Feb 20, 2007
Secretary of State

Entity Name: KIMBERLY CREDIT COUNSELING, INC.

Current Principal Place of Business:

2540 METROCENTRE BLVD.
SUITE # 1
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

2540 METROCENTRE BLVD.
SUITE # 1
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-1115058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAM, DOROTHY
8798 MARLAMOOD LANE
WEST PALM BEACH, FL 33412 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: D () Delete
Name: MORSE, ELEANOR
Address: 7433 RODKBRIDGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: QUINN, DEBRA
Address: 5784 HOMELAND ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: BROWN, SANDRA
Address: 22615 S.W. 66TH AVENUE
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: BEAM, DOROTHY
Address: 8798 MARLAMOOD LANE
City-St-Zip: WEST PALM BEACH, FL 33412

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:

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: DOROTHY BEAM

D

02/20/2007

Electronic Signature of Signing Officer or Director

Date