

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0010612

DOCUMENT # NO1000004326

1. Entity Name

KIMBERLY CREDIT COUNSELING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -5 AM 8:00

Principal Place of Business

2260 PALM BEACH LAKES BLVD.
SUITE 201
WEST PALM BEACH FL 33409

Mailing Address

2260 PALM BEACH LAKES BLVD.
SUITE 201
WEST PALM BEACH FL 33409

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1115058

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES *MRD*

6. Name and Address of Current Registered Agent

~~MORSE CALVIN S
9870-A WATERMILL CIRCLE
BOYNTON BEACH FL 33437~~

7. Name and Address of New Registered Agent

Name

DOROTHY BEAM

Street Address (P.O. Box Number is Not Acceptable)

8798 Marlamoore Lane

City

West Palm Beach

FL

Zip Code

33412

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

Dorothy Beam **DIRECTOR**

08/04/03

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORSE, CALVIN S	
STREET ADDRESS	9870-A WATERMILL CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUINN, TIMOTHY	
STREET ADDRESS	2433 SOUTHRIDGE ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, SANDRA	
STREET ADDRESS	22615 S.W. 66TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAM, DOROTHY	
STREET ADDRESS	9870-A WATERMILL CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eleanor Morse	
STREET ADDRESS	7433 Rockbridge Circle	
CITY-ST-ZIP	Lake Worth, FL. 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Quinn	
STREET ADDRESS	5784 Homeland Road	
CITY-ST-ZIP	Lake Worth, FL. 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	(new address)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Beam	
STREET ADDRESS	8798 Marlamoore Lane	
CITY-ST-ZIP	West Palm Beach, FL. 33412	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Dorothy Beam

Dorothy Beam 08/04/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)