

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90080 001 ****61.25

DOCUMENT # N01000008446

1. Entity Name

CHRISTIAN DEBT COUNSELING CENTERS, INC.



Principal Place of Business

**6500 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

Mailing Address

**6500 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **01-0547891**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JONES, ROBERT J
6500 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	JONES, MARY C	
STREET ADDRESS	7909 GARDEN DRIVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAETEN, MAUREEN B	
STREET ADDRESS	6500 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ROBERT J	
STREET ADDRESS	6500 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BANKS, IAN M	
STREET ADDRESS	4705 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIVENS, MARADENE J	
STREET ADDRESS	1250 - 14TH COURT, S.W.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEAGALL, BARRY M	
STREET ADDRESS	6500 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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

Robert J. Jones Director

03/11/03 727/344-6555

CR2E037 (10/02)