

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

06 MAY -9 PM 2: 47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000074

1. Entity Name  
AFFORDABLE BUDGET COUNSELING, INC.



Principal Place of Business  
3275 W HILLSBORO BLVD, SUITE 206  
DEERFIELD BEACH, FL 33442

Mailing Address  
3275 W HILLSBORO BLVD, SUITE 206  
DEERFIELD BEACH, FL 33442



05012006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 80-0019806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

COLEMAN, ANTHONY G JR  
3275 W HILLSBORO BLVD, SUITE 206  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRCH, GARFIELD A 3275 W HILLSBORO BLVD, SUITE 206 DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DANA T 3275 W HILLSBORO BLVD, SUITE 206 DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBERG, CHERYL 3275 W HILLSBORO BLVD, SUITE 206 DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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