


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90167 029 ****61.25

DOCUMENT # N02000005623	
1. Entity Name CREDIT COUNSELING, INC.	

Principal Place of Business 2700 WEST CYPRESS CREEK RD., BLDG A 104 FT. LAUDERDALE, FL 33305	Mailing Address 2700 WEST CYPRESS CREEK RD., BLDG A 104 FT. LAUDERDALE, FL 33305
--	--



04162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1839282	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 CIARLARIELLO, SHEILA 248 NW 119 LANE POMPAHO BEACH, FL 33071

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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	C ERNST, ROBERT 9104 NW 67TH COURT TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JOHNSON, DARLENE 11011 NW 20TH STREET CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARDELL, MARIA 2010 NE 54TH STREET FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROST, RIO F 1701 N.E. 8TH AVE FT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, DALE CAMERON 580 S. SAPODILLA AVE. #202 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIARLARIELLO, SHEILA J 248 NW 119TH AVE CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHEILA CIARLARIELLO
SHEILA CIARLARIELLO
4/24/04

954-977-7800
Daytime Phone