

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90317 020 ****61.25

DOCUMENT # N02000005623

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

14000000



DO NOT WRITE IN THIS SPACE

04202005 No Chg-NP CR2E037 (10/03)

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
POMPANO BEACH, FL 33071
Coral Springs

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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

SHEILA CIARLARIELLO - Director

(NOTE: Registered Agent signature required when reinstating)

DAY

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

Date

Daytime Phone #

954-977-7800

April 22, 2005