

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009760

FILED
Mar 20, 2009
Secretary of State

Entity Name: DELRAY CREDIT COUNSELING CORP.

Current Principal Place of Business:

5300 W ATLANTIC AVE #200
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5300 W ATLANTIC AVE #200
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 36-4516420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, RACHEL S
5300 W ATLANTIC AVE #200
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMILTON, GARY
Address: 5300 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: S () Delete
Name: SHERMAN, RACHEL S
Address: 5300 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: BISH, MARJORIE
Address: 5300 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: ATWOOD, HAROLD
Address: 5300 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHEL S SHERMAN

S

03/20/2009

Electronic Signature of Signing Officer or Director

Date