

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003373

FILED
Apr 15, 2008
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF CERTIFIED CREDIT COUNSELORS INC.

Current Principal Place of Business:

209 6TH AVENUE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

209 6TH AVENUE
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 20-1418677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIELLO, HEATHER
209 6TH AVENUE
INDIALANTIC, FL 32903 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: D () Delete
Name: AIELLO, HEATHER M.S.
Address: 322 3RD AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: D (X) Delete
Name: AIELLO, JOHN M.S.
Address: 322 3RD AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: D (X) Delete
Name: EVANS, AMANDA PHD
Address: 582 HEATHER AVE. NE
City-St-Zip: PALM BAY, FL 32907

Title: D (X) Delete
Name: LYMAN, IV, ARTHUR RICHARD LT COL
Address: 6188 GEORGETOWN RD
City-St-Zip: BROAD RUN, VA 20137

Title: D (X) Delete
Name: PETRILLO, KATHY M.M.S.
Address: 328 LEEWARD DR
City-St-Zip: JUPITER, FL 34997

Title: D (X) Delete
Name: MINOR, NOEL M.S.
Address: 328 LEEWARD DR
City-St-Zip: JUPITER, FL 34997

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:

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: HEATHER C. AIELLO

D

04/15/2008

Electronic Signature of Signing Officer or Director

Date