FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998
DOCUMENT #

STREET ADDRESS

N1125

(8)

ASSOCIATION OF CREDIT CONSUMERS, INC.

		14-11								
Principal Place of Business Mailing Address ### RANCY F SNYDER 1318 NW 11 PLACE FT LAUDERDALE FL 33311 #### FT LAUDERDALE FL 33311 ################################			ı			3. Date Incorporated or Qualified 09/24/1985 4. FEI Number Applied For				
2. Principal P	lace of Business	2a. Mailing Address	<u>.</u>			59-2605907 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State		City & State 28 Zip Country				7. Is this nonprofit corporation a homeowners association?				
Zip 24	Country 25 9. Name and Address of Curre	Zip 29	30 Cour	itry		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Name and Address of New Registered Agent				
	5. Name and Address of Corre	in negistered Agent		81 N	Vame	10. Harro dila Addition di Novi Hogario de Again.				
SNYDER	, RANCY F					ss (P.O. Box Number is Not Acceptable)				
SNYDER, RANCY F 1318 NW 11 PLACE FT LAUDERDALE FL 33311 11. Pursuant to the provisions of Sections 617.0502 and 61 office or registered agent, or both in the State of Florid			-	83	·-·-					
					City	FL 85 Zip Code				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE	SNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DPT	DELETE	1.1 717	Æ		Change Addition				
NAME	SNYDER, RANCY F		1.2 NAI	ИĘ						
STREET ADDRESS	1318 NW 11 PL		1.3 STF	EET AD	DRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CIT	Y-ST-2	ZIP					
TITLE	DS	DELETE	2.1 TIT	Æ		Change Addition				
NAME	SNYDER, WILMA C		2.2 NAI	2.2 NAME						
STREET ADDRESS	1318 NW 11 PL		2.3 STF	EET AD	DRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CI	Y-\$T-	ZIP					
TITLE	DV	DELETE	3,1 TIT	£		Change Addition				
NAME	SNYDER, DEIDRE A.		3.2 NA	νE						
STREET ADDRESS	1318 NW 11 PLACE		3,3 STF	EET AD	ORESS					
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-		ZIP					
TITLE		DELETE	4.1 TIT	E		☐ Change ☐ Addition				
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STF	EET AD	ORESS					
CITY-ST-ZIP			4.4 CITY-S		ZIP					
TITLE		DELETE	5.1 TIT			Cḥange Addition				
NAME			5.2 NA	иE						
STREET ADDRESS			5.3 STF		DRESS					
CITY-ST-ZIP				Y-ST-Z						
TITLE		DELETE	6.1 TIT			☐ Change ☐ Addition				

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 annual report or supplemental annual 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 12 or Block 13 if chapterd, or on an attackment with an address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE: KON WELLOW WILLIAM URE PRAVURED WINE

1/5/1988 484-765-1437

FILED

Jan 16 1998 8:00am

Secretary of State

CR2E037 (10/97)