

DOCUMENT # N11251

1. Entity Name

ASSOCIATION OF CREDIT CONSUMERS, INC.

Principal Place of Business

Mailing Address

% RANCY F. SNYDER
7250 N.W. 1ST STREET, #107
MARGATE FL 33063

% RANCY F. SNYDER
7250 N.W. 1ST STREET, #107
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2605907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, RANCY F
7250 N.W. 1ST STREET, #107
MARGATE FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPT
SNYDER, RANCY F
1318 NW 11 PL
FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

7250 N.W. 1st ST. #107
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
SNYDER, WILMA C
1318 NW 11 PL
FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

7250 N.W. 1st ST. #107
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
SNYDER, DEIDRE A.
1318 NW 11 PLAGE
FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

7250 N.W. 1st ST. #107
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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 #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90038 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)