

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N19094

1. Entity Name
**CONSUMER CREDIT COUNSELING SERVICE OF
MID-FLORIDA, INC.**



Principal Place of Business
**1539 NW 22 AVENUE
OCALA, FL 34470**

Mailing Address
**PO BOX 4110
OCALA, FL 34478**

DO NOT WRITE IN THIS SPACE



06012006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2765540

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ACKERMAN, BRYCE W.
125 N.E. FIRST AVENUE, SUITE 1
OCALA, FL 32670**

**DO NOT WRITE
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

No Change

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000566782
06/05/06-80008-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, BRYCE W. 125 NE 1ST AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LEIST, GARY 1700 S.E. 17TH ST. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCE SMITH, MICHELLE 131 SW 15TH STREET OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC THIBODEAUX, RON 3003 SW COLLEGE ROAD, # 105 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUMAN, RICK 1539 NE 22 AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACKMON, ORAL 1539 NE 22 AVENUE OCALA, FL 34470

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Richard E. Tuman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Tuman, Pres
Date

Date

Daytime Phone #

5/30/06 352-869-1591