

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 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 AVE  
OCALA, FL 34470**

Mailing Address

**PO BOX 4110  
OCALA, FL 34478**

**DO NOT WRITE IN THIS SPACE**



02082008 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

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000841931  
03/11/08-80007-019 61.25

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
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 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

**J. Oral Blackmon**

**2-8-08 352 867**

Date

Daytime