

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19094

FILED  
Mar 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1539 NW 22 AVE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4110  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 59-2765540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ACKERMAN, BRYCE W PA  
125 N.E. FIRST AVENUE, SUITE 1  
OCALA, FL 34470 US

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: BRYCE W. ACKERMAN

03/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ACKERMAN, BRYCE W.,  
Address: 125 NE 1ST AVE  
City-St-Zip: OCALA, FL 34470

Title: DST ( ) Delete  
Name: LEIST, GARY  
Address: 1700 S.E. 17TH ST.  
City-St-Zip: OCALA, FL 34471

Title: DC ( ) Delete  
Name: SMITH, MICHELLE  
Address: 131 SW 15TH STREET  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: THIBODEAUX, RON  
Address: 3003 SW COLLEGE ROAD, # 105  
City-St-Zip: OCALA, FL 34478

Title: PD ( ) Delete  
Name: TUMAN, RICK  
Address: 1539 NE 22 AVE  
City-St-Zip: OCALA, FL 34470

Title: V ( ) Delete  
Name: BLACKMON, ORAL  
Address: 1539 NE 22 AVENUE  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ACKERMAN, BRYCE W D  
Address: 125 NE 1ST PLACE  
City-St-Zip: OCALA, FL 34470

Title: CH (X) Change ( ) Addition  
Name: ANTHONY, JIM CH  
Address: 1603 SW 19 AVE  
City-St-Zip: OCALA, FL 34474

Title: DC (X) Change ( ) Addition  
Name: SMITH, MICHELLE DC  
Address: 131 SW 15TH STREET  
City-St-Zip: OCALA, FL 34470

Title: D (X) Change ( ) Addition  
Name: THIBODEAUX, RON D  
Address: 3003 SW COLLEGE ROAD, # 105  
City-St-Zip: OCALA, FL 34478

Title: PD (X) Change ( ) Addition  
Name: TUMAN, RICK P  
Address: 1539 NE 22 AVE  
City-St-Zip: OCALA, FL 34470

Title: V (X) Change ( ) Addition  
Name: BLACKMON, ORAL V  
Address: 1539 NE 22 AVENUE  
City-St-Zip: OCALA, FL 34470

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: J. ORAL BLACKMON

V

03/10/2009

Electronic Signature of Signing Officer or Director

Date