FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:10

DOCUMENT # **N31278** **(7)**

1. Corporation Name

CONSUMER CREDIT COUNSELING SERVICE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2500 AIRPORT RD S. 210 NAPLES FL 33962 US	P.O. BOX 7336 NAPLES FL 33941-4336

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1989	3a. Date of Last Report: 03/30/1994
4. FEI Number: 65-0100456	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWOPE, RICHARD L. SWOPE, HENDRICKS & GUILKEY, P.A. 4501 NORTH TAMIAMI TRL, STE 204 NAPLES FL 33940	81 Name: SWOPE, RICHARD L. 82 Street Address (P.O. Box Number is Not Acceptable): SWOPE, LAMBERSON & GUILKEY, P.A. 83: 4501 NORTH TAMIAMI TRAIL, SUITE 204 84 City: NAPLES FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TUFF, ROY	12 NAME	
STREET ADDRESS	2301 COUNTY RD 951, STE C	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	ED	21 TITLE	VPD ☒ Change ☐ Addition
NAME	HUGHES, DONALD O.	22 NAME	HUGHES, DONALD O.
STREET ADDRESS	PO BOX 7336	23 STREET ADDRESS	2500 AIRPORT ROAD, SOUTH
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	NAPLES, FL 33962
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SWOPE, RICHARD L.	32 NAME	
STREET ADDRESS	4501 NO TAMIAMI TRL, #204	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	BENNETT, JAN	42 NAME	FELDON, VICKI
STREET ADDRESS	COLLIER CNTY EXTN. 14700 IMMOKALEE RD	43 STREET ADDRESS	2590 GOLDEN GATE PARKWAY, SUITE 101
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	VPD	51 TITLE	VPD ☒ Change ☐ Addition
NAME	HOSKINS, SUSAN E.	52 NAME	EMBREE, KEITH
STREET ADDRESS	796 FIFTH AVE, SOUTH	53 STREET ADDRESS	4001 TAMIAMI TRAIL, NORTH
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	NAPLES, FL 33940
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	GUDREW, NICKEL	62 NAME	
STREET ADDRESS	350 5TH AVENUE S	63 STREET ADDRESS	SEE ATTACHED **REMITTED BY MAY 1**
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: Richard L Swope Treas 5/2 3/95 813 262-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD L SWOPE

0060755