FILE NOW: FILING FEE IS \$61.25

	NONPROFIT
.==	CORPORATION
	ANNUAL REPORT
	_



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPGRATIONS

1996

DOCUMENT # N31278

(7)

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

rincipal race	e or business	Mailing Address				1				
2500 AIRPORT RD S. 210 NAPLES FL 33962		P.O. BOX 7336 NAPLES FL 33941-4336								
U\$						3. Date incorporated or Qualified 03/21/1989	3a. [Date of Last I 05/01/19		
	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				65-0100456		1	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. # 27			etc.			5. Certificate of Status Desired	sired S8.75 Additional Fee Required			
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23		28								
Zip	Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30	30 Florida Statutes ☐ Yes 🔀			* · · ·			
	9. Name and Address of Curren	t Hegistered Agent		. I		10. Name and Address of New F	egistered	Agent		
			8	1 Nam	16					
	RICHARD L.		8	2 Stre	et Addres	s (P.O. Box Number is Not Acceptate	olo)			
	LAMBERSON & GUILKEY, P.A.		L							
4501 NORTH TAMIAMI TRL, STE 204				3						
NAPLES	FL 33940		8	City				85 Zip	Code	
<u> </u>			-				FL	'		
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above	-named	corporat	on submits this statement for the pur	pose of ch	anging its re	egistered office	
Or register	ed agent, or both, in the State of Florid th, and accept the obligations of, Secti	ia. Such change was authorizi	ea ov me cor	poration	's board	of directors. I hereby accept the app	pintment as	s registered	agent. I am	
SIGNATURE										
	Signature, typed or printed name of registered agent		TE: Registered Ag	ent signatu	re required w		DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	O DIRECTOR	RS IN 12	
TITLE	PD THEE DOV	DELETE	1.1 TITLE			ONALD O. HUGHES	3	(X) Change	☐ Addition	
NAME	TUFF, ROY	•	1.2 NAM		250	00 AIRPORT RD.S.	"T"			
STREET ADDRESS	2301 COUNTY RD 951, STE C	į	1.3 STRE	T ADDRES		INCED 210	1	PRES	SIDENT	
CITY-ST-ZIP	NAPLES FL		1.4 CITY -	ST-ZIP	NAI	PLEAS FL. 33962				
TITLE	VPD	DELETE	2.1 TITLE		√ _{EDL}	VIN ANDREWS	У	XX hange	XX Addition	
NAME	HUGHES, DONALD O.	,	2.2 NAME		130		T''	איז סיי	SURER	
STREET ADDRESS	2500 AIRPORT ROAD, SOUTH		2.3 STREE	T ADDRES			T.	LKLA	.SUKEK	
CITY-ST-ZIP	NAPLES FL		2. 4 CITY	ST-ZIP	I BOY	ITA SERINGS. FL.	33923			
TITLE	TD	DELETE	3.1 TITLE		90			√ Change	Addition	
NAME	SWOPE, RICHARD L.	,	3.2 NAME		SUS	AN DIAMOND				
STREET ADDRESS	4501 NO TAMIAMI TRL, #204		3.3 STREE	t addres:		9 MANDARIN RD.	"T"	TRUS	TEE	
CITY-ST-ZIP	NAPLES FL		3.4. CITY	ST-ZIP		LES FL. 93940				
TITLE	SD	ZOELETE.	4.1 TITLE		*****	1110, 1111 3370 1-		Change	☐ Addition	
NAME	FELDON, VICKI	/*	4. 2 NAM		1	<u>(</u>				
STREET ADDRESS	2590 GOLDEN GATE PARKWA	iy, suite 101	4.3 STREE	T ADDRESS	s	<u></u>				
CITY-ST-ZIP	NAPLES FL	.	4.4 CITY-	ST-ZIP		C-	-			
TITLE	VPD	DELETE	5.1 TITLE		1	10000179	1266	Change	Addition	
NAME	embree, Keith	/ `	5.2 NAME		-	-04/24/96010	5 0 03	₹8°	-	
STREET ADDRESS	4001 TAMIAMI TRAIL, NORTH		5.3 STREE	T ADDRESS	s	***61.25				

CITY-ST-ZIP 6.4 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 cath; 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 13 if changed, in an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAPLES FL

NG OFFICER OR DIRECTOR

DELETE

Change

☐ Addition >100

424

BOARD OF TRUSTEES

DONALD O. HUGHES, PRESIDENT 2500 AIRPORT RD. S. SUITE 210 NAPLES, FL. 33962

EDWIN ANDREWS, TREASURER 13010 AMBERLEY COURT #205 BONITA SPRINGS, FL. 33923

SUSAN DIAMOND, TRUSTEE 1789 MANDARIN RD,. NAPLES, FL. 33940