

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

04/24/1996

4. FEI Number

65-0100456

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23

27. City & State

28

Zip

Country

24

25

Zip

Country

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWORE, RICHARD L.
SWORE, LAMBERSON & GUILKEY, P.A.
4501 NORTH MIAMI TRL, STE 204
NAPLES FL 33940**

81. Name

Donald O Hughes

82. Street Address (P.O. Box Number is Not Acceptable)

226 3rd ST # 310

83.

84. City

BONITA SPRINGS

FL

85. Zip Code

34134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

**NAME
ANDREWS, EDWIN
STREET ADDRESS
13010 AMBERLEY CT.
CITY-ST-ZIP
BONITA SPRINGS FL 33923**

TITLE ☐ DELETE

**NAME
HUGHES, DONALD O.
STREET ADDRESS
2500 AIRPORT RD. S., SUITE 205
CITY-ST-ZIP
NAPLES FL 33962**

TITLE ☐ DELETE

**NAME
DIAMOND, SUSAN
STREET ADDRESS
1789 MANDRIN RD.
CITY-ST-ZIP
NAPLES FL 33940**

TITLE ☐ DELETE

**NAME
NICK KNUZOVICH
STREET ADDRESS
790 HARBOR DR #2C
CITY-ST-ZIP
Naples FL 34103**

TITLE ☐ DELETE

**NAME
Donald J. York
STREET ADDRESS
5150 TAMiami TR. N.
CITY-ST-ZIP
Naples FL 34103**

TITLE ☐ DELETE

**NAME
Colleen M. Kulco
STREET ADDRESS
4099 TAMiami TR. N.
CITY-ST-ZIP
Naples FL 34101**

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, upon an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

7/21/97

941-778-1115

CR2E037 (4/97)