

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HUGHES, DONALD O
226 3RD ST #310
BONITA SPRINGS FL 34134

3. Date Incorporated or Qualified

03/21/1989

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

81 Name

Susan W. Diamond

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

1789 Mandarin Rd.

83

84 City

Naples, FL

FL

85 Zip Code

34102

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE T ☐ DELETE

NAME KNEZEVICH, NICK
STREET ADDRESS 790 HARBOR DR #2C
CITY-ST-ZIP NAPLES FL

TITLE P/TR ☐ DELETE

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

TITLE T/TR ☐ DELETE

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

TITLE T ☐ DELETE

NAME YORK, DONALD J
STREET ADDRESS 5150 TAMiami TRL N
CITY-ST-ZIP NAPLES FL

TITLE T ☐ DELETE

NAME KVETCO, COLLEEN M
STREET ADDRESS 4099 TAMiami TRL N
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 400002662234
1.3 STREET ADDRESS -10/13/98-01010-030
1.4 CITY-ST-ZIP ***61.25

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE *Susan W. Diamond* ☐ 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 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, or on an attachment with an address.

SIGNATURE:

Susan W. Diamond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-98

Date

941-262-3924

Daytime Phone #

CR2E037 (5/98)