

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 6:37

DOCUMENT # N36391

(3)

1. Corporation Name

CHRISTIAN CREDIT COUNSELORS, INC.

Principal Place of Business

Mailing Address

450 SEMINOLA BLVD  
CASSELBERRY FL 32707

450 SEMINOLA BLVD  
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1990

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2991517

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCTAGGART, EDWARD J.  
450 SEMINOLA BLVD  
CASSELBERRY FL 32707

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

MCTAGGART, EDWARD J.

STREET ADDRESS

1284 PRINCE CT

CITY - ST - ZIP

HEATHROW FL

11 TITLE

PD

12 NAME

EDWARD J. MCTAGGART

13 STREET ADDRESS

2821 ROUNDABOUT LANE

14 CITY - ST - ZIP

ORLANDO FL 32818

☒ Change ☐ Addition

TITLE

D

NAME

SIEBERT, ERIC R

STREET ADDRESS

450 SEMINOLA BLVD

CITY - ST - ZIP

CASSELBERRY FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

HARTMAN, JAMES D.

STREET ADDRESS

330 STONER ROAD

CITY - ST - ZIP

WINTER SPRINGS FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

MCTAGGART, SONIA J.

STREET ADDRESS

450 SEMINOLA BLVD

CITY - ST - ZIP

CASSELBERRY FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

SONIA J. MCTAGGART

2821 ROUNDABOUT LANE

ORLANDO FL 32818

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 the report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, with an attachment with an address.

SIGNATURE:

*Sonia J. McTaggart*

3-17-95

(407) 699-6411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number