

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40623 (3)

1. Corporation Name

CREDIT COUNSELING CONSUMER ASSISTANCE CORP.

Principal Place of Business

121 S. 61ST TERRACE
SUITE C
HOLLYWOOD FL 33023

Mailing Address

121 S. 61ST TERRACE
SUITE C
HOLLYWOOD FL 33023



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

3. Date Incorporated or Qualified
10/31/1990

3a. Date of Last Report
04/17/1995

4. FEI Number
65-0241133

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**MORDES, SUSAN
4836 S.W. 26TH TERRACE
FORT LAUDERDALE FL 33312**

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 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

TITLE ☒ D ☐ DELETE

NAME **CHAMBERS, CAROLYN M**
STREET ADDRESS **3336 S.W. 44 CT.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ VP ☐ DELETE

NAME **ROSEMAN, MARK A**
STREET ADDRESS **733 N. SOUTHLAKE DR.**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ ST ☐ DELETE

NAME **MORDES, SUSAN**
STREET ADDRESS **4836 S.W. 26 TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ D ☐ DELETE

NAME **MILLER, RUTH**
STREET ADDRESS **1332 S.W. 30TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☐ D ☐ DELETE

NAME **ASTL, JOHN**
STREET ADDRESS **121 E. GOLF DRIVE**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ D ☐ DELETE

NAME **KENDA, ANN**
STREET ADDRESS **5552 S.W. 28TH TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **P**
1.3 STREET ADDRESS **FISTEL, CINDY**
1.4 CITY-ST-ZIP **10300 SW 103 lane**
miami, fl 33176

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D**
2.3 STREET ADDRESS **Carlson, Richard**
2.4 CITY-ST-ZIP **2630 Arthur St**
hollywood, fl 33020

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D**
3.3 STREET ADDRESS **Weisburg, steve**
3.4 CITY-ST-ZIP **1632 van buren st**
hollywood, fl 33020

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D**
4.3 STREET ADDRESS **Schwartz, mariann**
4.4 CITY-ST-ZIP **7080 eviron blvd 221**
lauderhill, fl 33319

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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 Mordes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Mordes 4/1/96 954-989-3811
Date Daytime Phone #

CR2E037 (12/95)