


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N47079** (1)

1. Corporation Name

**GOLD COAST CREDIT COUNSELING, INC.**

Principal Place of Business

Mailing Address

701 SE 6TH AVE.  
STE. 104  
DELRAY BEACH FL 33483  
US

701 SE 6TH AVE.  
STE. 104  
DELRAY BEACH FL 33483-5186  
US



|                                |                           |                            |               |
|--------------------------------|---------------------------|----------------------------|---------------|
| 2. Principal Place of Business |                           | 2a. Mailing Address        |               |
| 21 <b>5064 ALENCIA CT</b>      | 26 <b>5064 ALENCIA CT</b> |                            |               |
| Suite, Apt. #, etc.            |                           | Suite, Apt. #, etc.        |               |
| 22                             |                           | 27                         |               |
| City & State                   |                           | City & State               |               |
| 23 <b>DELRAY BEACH, FL</b>     |                           | 28 <b>DELRAY BEACH, FL</b> |               |
| Zip                            | Country                   | Zip                        | Country       |
| 24 <b>33484</b>                | 25 <b>USA</b>             | 29 <b>33484</b>            | 30 <b>USA</b> |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/28/1992</b>  | 3a. Date of Last Report<br><b>03/29/1996</b>           |
| 4. FEI Number<br><b>65-0326529</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN DUSEN, SANDRA L  
701 S.E. 6TH AVE:  
STE. 104  
DELRAY BEACH FL 33483

|   |
|---|
| 81 Name <b>VAN DUSEN, SANDRA L.</b>   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>5064 ALENCIA CT</b> |
| 83  |
| 84 City <b>DELRAY BEACH</b> FL 85 Zip Code <b>33484</b>                         |

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 **Sandra L Van Dusen** *Sandra L. Van Dusen* **4/9/97**  
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                      | <b>DV</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VAN DUSEN, SANDRA L</b>                 | 1.2 NAME  |   |
| STREET ADDRESS             | <b>730 GREENSWARD COURT J-203</b>          | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL</b>                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DV</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BROOK, THOMAS H</b>                     | 2.2 NAME  |   |
| STREET ADDRESS             | <b>14 CEDAR HILL RD</b>                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>HATFIELD PA</b>                         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DST</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BARDOS, KIMBERLY</b>                    | 3.2 NAME  |   |
| STREET ADDRESS             | <b>1015 SPANISH RIVER RD., #201</b>        | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33432</b>                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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, or on an attachment with an address.

SIGNATURE **Sandra L Van Dusen** *Sandra L. Van Dusen* **4/9/97** **561-637-3002**

CR2E037 (9/96)