

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47079

FILED  
Apr 24, 2008  
Secretary of State

**Entity Name:** GOLD COAST CREDIT COUNSELING, INC.

**Current Principal Place of Business:**

5631 BERMUDA DUNES CIR  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

6542 HYPOLUXO RD  
PMB 288  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 65-0326529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN DUSEN, SANDRA L  
5631 BERMUDA DUNES CIR  
LAKE WORTH, FL 33463 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: VAN DUSEN, SANDRA L  
Address: 5631 BERMUDA DUNES CIR  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: DV ( ) Delete  
Name: LIBRAE, MICHAEL B  
Address: 6542 HYPOLUXO RD # 288  
City-St-Zip: LAKE WORTH, FL 33467

Title: DST ( ) Delete  
Name: BARDOS, KIMBERLY  
Address: 161 NW 98TH TERRACE  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: LIBRAE, MICHAEL B  
Address: 5631 BERMUDA DUNES CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA L VAN DUSEN

DV

04/24/2008

Electronic Signature of Signing Officer or Director

Date