


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49019</b> 1. Entity Name <b>FAMILY CREDIT COUNSELING CORPORATION</b>	
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Principal Place of Business <b>4850 N STATE RD 7 SUITE G102 LAUDERDALE LAKES, FL 33319</b>	Mailing Address <b>4850 N STATE RD 7 SUITE G102 LAUDERDALE LAKES, FL 33319</b>
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01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0334713</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ARMSTRONG, JAMES  
4800 N STATE RD 7  
SUITE F112  
LAUDERDALE LAKES, FL 33319**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, NANCY 4800 N STATE RD 7 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELMAN, KLAUDIA 4800 N STATE RD 7 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMSTRONG, JAMES 4800 N STATE RD 7 LAUDERDALE LAKES, FL 33319
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01/07/04-80011-006 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *James Armstrong* **President** 1/5/04 954/620/0784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #