

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49019

FILED
Feb 06, 2006
Secretary of State

Entity Name: FAMILY CREDIT COUNSELING CORPORATION

Current Principal Place of Business:

4850 N STATE RD 7
SUITE G102
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4850 N STATE RD 7
SUITE G102
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 65-0334713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCGEE & HUSKEY P.A.
2850 N ANDREWS AVENUE
FT. LAUDERDALE, FL 33311 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: D () Delete
Name: ARMSTRONG, NANCY
Address: 4850 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D (X) Delete
Name: GELMAN, KLAUDIA
Address: 4850 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: PD () Delete
Name: ARMSTRONG, JAMES R JR
Address: 4850 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D () Delete
Name: PALMASINO, LOUIS
Address: 4850 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D (X) Delete
Name: GELMAN, IGOR
Address: 4850 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D (X) Delete
Name: KLATMAN, KEITH
Address: 4850 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARNER, PHIL
Address: 4850 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

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

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

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Name:
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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES R ARMSTRONG JR

DP

02/06/2006

Electronic Signature of Signing Officer or Director

_____ Date