

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50873

FILED
Mar 29, 2005
Secretary of State

Entity Name: CONSUMER COUNSELING SERVICES, INC.

Current Principal Place of Business:

2180 N.W. 18TH AVENUE
SUITE #A-6
POMPANO BEACH, FL 330691320

New Principal Place of Business:

Current Mailing Address:

2180 N.W. 18TH AVENUE
SUITE #A-6
POMPANO BEACH, FL 330691320

New Mailing Address:

FEI Number: 65-0355654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANCLAW, RON
C/O HIV/AIDS PASTORAL CARE NETWORK, INC
2180 N.W. 18TH AVENUE #A6
POMPANO BEACH, FL 330691320 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: P/T () Delete
Name: MANCLAW, RON C HAPLAIN
Address: 1738 W. LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 333127517

Title: D () Delete
Name: HAMER, THOMAS
Address: 2608 SW 34TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 333124740

Title: D () Delete
Name: HANBY, ELIZABETH A
Address: P.O. BOX 10008
City-St-Zip: POMPANO BEACH, FL 33061

Title: S () Delete
Name: HESSE, DYANA C HAPLAIN
Address: 7003 NW 77TH ST
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: JONES, HAL SR. CH.
Address: 1738 W. LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 333127517

Title: () Change () Addition
Name:
Address:
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 Section 119.07(3)(i), 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: DR. HAL JONES

P/T

03/29/2005

Electronic Signature of Signing Officer or Director

Date