

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50873

FILED
Apr 30, 2007
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 (X)

Name and Address of Current Registered Agent:

JONES, HAL DR.
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 () Delete
Name: MANCLAW, RON REV/CEO
Address: 2180 NW 18TH AVENUE, A-6
City-St-Zip: FORT LAUDERDALE, FL 330691320 US

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

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

Title: D () Delete
Name: HESSE, DYANA REV.
Address: 7003 NW 77TH ST
City-St-Zip: TAMARAC, FL 33321 US

Title: S () Delete
Name: CARL, G. B
Address: P.O. BOX 667634
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: T () Delete
Name: OPEN DOOR MINISTRY,
Address: SUITE A-6; 2180 NW 18TH AVENUE; A-6
City-St-Zip: POMPANO BEACH, FL 330691320 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: JUDITH PERALTA

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date