2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50873

Apr 01, 2009 Secretary of State

Entity Name: CONSUMER COUNSELING SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 N.W. 18TH AVENUE 2180 N.W. 18TH AVENUE

SUITE #A-6 SUITE #: A-6

POMPANO BEACH, FL 330691320 POMPANO BEACH, FL 330691320 US

Current Mailing Address: New Mailing Address:

2180 N.W. 18TH AVENUE 2180 N.W. 18TH AVENUE

SUITE #A-6 SUITE #: A-6

POMPANO BEACH, FL 330691320 POMPANO BEACH, FL 330691320 US

FEI Number: 65-0355654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

JONES, HAL DR C/O HIV/AIDS PASTORAL CARE NETWORK, INC 2180 N.W. 18TH AVENUE #A6 POMPANO BEACH, FL 330691320 US

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:

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete CEOP (X) Change () Addition MANCLAW, RON REV/CEO MANCLAW, RONALD R REV/DR. Name: Name: 2180 NW 18TH AVENUE, A-6 Address: 1738 W. LAS OLAS BLVD Address:

City-St-Zip: FORT LAUDERDALE, FL 330691320 US City-St-Zip: FORT LAUDERDALE, FL 333127517 US

Title: D/VP () Delete Title: () Change () Addition

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

Title: DMP () Delete Title: () Change () Addition

REFEINER, PETER Name: Name: 1738 W. LAS OLAS BLVD Address: Address: City-St-Zip: FORT LAUDERDALE, FL 333127517 US City-St-Zip:

(X) Change () Addition Title: () Delete Title:

Name: ISAACS, HOWARD Name: ISAACS, HOWARD 2180 NW 18TH AVENUE 2180 NW 18TH AVENUE Address: Address:

City-St-Zip: POMPANO BEACH, FL 330691320 US City-St-Zip: POMPANO BEACH, FL 330691320 US

Title: () Delete Title: (X) Change () Addition

CARL, G. B CARL, GERALDINE B Name: Name: 1304 SW 15 STREET 1304 SW 15 STREET Address: Address:

BOYNTON BEACH, FL 33426 US City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: (X) Delete Title: () Change () Addition

OPEN DOOR MINISTRY, Name: Name: Address: SUITE A-6; 2180 NW 18TH AVENUE; A-6 Address: POMPANO BEACH, FL 330691320 US City-St-Zip: 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: GERALDINE B. CARL SEC 04/01/2009