

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50873

FILED
Mar 30, 2011
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 US

New Principal Place of Business:

Current Mailing Address:

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

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:

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:

JONES, HAL DR.
C/O HIV/AIDS PASTORAL CARE NETWORK, INC
1738 WEST LAS OLAS BLVD
FORT LAUDERDALE, FL 333127517 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: DR RON MANCLAW 2011032701RM

03/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/T
Name: MANCLAW, RONALD R REV/DR.
Address: 1738 W. LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 333127517 US

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

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

Title: D
Name: ISAACS, HOWARD
Address: 2180 NW 18TH AVENUE
City-St-Zip: POMPANO BEACH, FL 330691320 US

Title: S
Name: HILL, CAROL
Address: 121 NEBRASKA CIRCLE
City-St-Zip: SEBASTION, FL 329586702 US

Title: DIR
Name: TUTWILER, BERNARD
Address: 2180 NW 18TH AVENUE A6
City-St-Zip: POMPANO BEACH, FL 330691320 US

I hereby 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 all other like empowered.

SIGNATURE: DR RON MANCLAW 2011032701RM

CEO

03/30/2011

Electronic Signature of Signing Officer or Director

Date