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Secretary of State
05-02-2003 90749 039 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50873

1. Entity Name
CONSUMER COUNSELING SERVICES, INC.

J01203406

Principal Place of Business	Mailing Address
2180 N.W. 18TH AVENUE SUITE #A-6 POMPANO BEACH, FL 33069	2180 N.W. 18TH AVENUE SUITE #A-6 POMPANO BEACH, FL 33069 -1320

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0355654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANCLAW, RON O C/O HIV/AIDS PASTERAL CARE NETWORK, INC 2180 N.W. 18TH AVENUE #A6 POMPANO BEACH, FL 33069 - 1320	Name C/O HIV/AID PASTORAL CARE NETWORK, INC Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SENIOR MANCLAW, RON CHAPLAIN 1738 W. LAS OLAS BLVD FORT LAUDERDALE, FL 333127517	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARL, GERLDINE 121 NW 60TH AVE MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KING, CAROL F 2180 N.W. 18TH AVENUE A6 POMPANO BEACH, FL 33069	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T [redacted] HESSE, DYANA - CHAPLAIN [redacted]	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAMER, THOMAS 2180 N.W. 18TH AVENUE A6 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7003 NW 77TH STREET TAMARAC, FL 33321	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PERALTA, JUDITH A 2180 N.W. 18TH AVENUE A6 POMPANO BEACH, FL 33069	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an asterisk, with all other like empowered.

SIGNATURE: Ron Manclaw, Senior Chaplain 4/27/03 (954) 975-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL Fee $ 61.25 + 8.75 = $ 70.00