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Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001790 (5)

1. Corporation Name

CREDIT COUNSELING SERVICES INC.

Principal Place of Business

Mailing Address

PO BOX 759
POMPANO BCH FL 33061
USPO BOX 759
POMPANO BCH FL 33061-0759
US3. Date Incorporated or Qualified
09/23/19913a. Date of Last Report
01/24/19964. FEI Number
65-0286749Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 PO BOX 9260

26 PO BOX 9260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

Naples FL

27 City & State

Naples FL

24 Zip

34101

25 Country

Collier

29 Zip

34101

30 Country

Collier

9. Name and Address of Current Registered Agent

JOECKEL, RON
2209 NE 2 STR
STE A-6
POMPANO BCH FL 33062

MOVED →

10. Name and Address of New Registered Agent

81 Name RON JOECKEL
82 Street Address (P.O. Box Number is Not Acceptable)
3397 SACRAMENTO WAY UNIT B
83
84 City Naples FL 85 Zip Code 34105

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOECKEL, RON
STREET ADDRESS 2209 NE 2 STR, STE A-6
CITY-ST-ZIP POMPANO BEACH FLTITLE D
NAME JOECKEL, HENRY
STREET ADDRESS 2209 NE 2 STR, STE A-6
CITY-ST-ZIP POMPANO BEACH FLTITLE D
NAME GILBERT, CHARLES
STREET ADDRESS 232 NE 23RD STREET, UNIT 2
CITY-ST-ZIP POMPANO BEACH FL 33062TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME RON JOECKEL
1.3 STREET ADDRESS 3397 SACRAMENTO WAY #B
1.4 CITY-ST-ZIP Naples FL 341052.1 TITLE D
2.2 NAME HENRY JOECKEL
2.3 STREET ADDRESS 3397 SACRAMENTO WAY #B
2.4 CITY-ST-ZIP Naples FL 341053.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025340

CR2E037 (9/96)