

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001790 (5)**

1. Corporation Name

**CREDIT COUNSELING SERVICES INC.**



Principal Place of Business <b>PO BOX 9260 NAPLES FL 34104 US</b>	Mailing Address <b>PO BOX 9260 NAPLES FL 34101 US</b>
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3. Date Incorporated or Qualified <b>09/23/1991</b>	4. FEI Number <b>65-0286749</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21 5675 18th AVE N.W.</b>	2a. Mailing Address <b>25 5675 18th AVE N.W.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23 Naples FL</b>	City & State <b>27 Naples FL</b>
Zip <b>24 34119</b>	Country <b>29 COLLIER</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>JOECKEL, RON 3397 SACRAMENTO WAY UNITE B NAPLES FL 34105</b>	
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10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
FL	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>JOECKEL, RON</b>
STREET ADDRESS	<b>3397 SACRAMENTO WAY #B</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>JOECKEL, HENRY</b>
STREET ADDRESS	<b>3397 SACRAMENTO WAY #B</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>GILBERT, CHARLES</b>
STREET ADDRESS	<b>232 NE 23RD STREET, UNIT 2</b>
CITY-ST-ZIP	<b>POMPAÑO BEACH FL 33062</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JOECKEL RON</b>
1.3 STREET ADDRESS	<b>5675 18th AVE NW</b>
1.4 CITY-ST-ZIP	<b>NAPLES FL 34119</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JOECKEL HENRY</b>
2.3 STREET ADDRESS	<b>5675 18th AVE N.W.</b>
2.4 CITY-ST-ZIP	<b>NAPLES FL 34119</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **SICRONALD JOECKEL** 1/5/98 941-594-2963

CR2E037 (10/97)