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Mar 22, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000002514

1. Corporation Name
14 SOUTH PALAFOX PLACE, INC.

2 4 6 3 7 5
 246375 - 90031 - 2

Principal Place of Business
**14 PALAFOX PLACE
 PENSACOLA FL 32501
 US**

Mailing Address
**P.O. BOX 943
 PENSACOLA FL 32594
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 950		11/13/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3156757	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 SAME 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAYGARDEN, L A 1241 TAMARA DRIVE 5151 N. 9TH AVE. PENSACOLA FL 32504				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	CHAIRMAN OF BOARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX, ARNOLD	1.2 NAME	HENDRIX, ARNOLD
STREET ADDRESS	302 MARY ESTHER BLVD	1.3 STREET ADDRESS	23 JOHN SIMS PARKWAY
CITY-ST-ZIP	MARY ESTHER FL	1.4 CITY-ST-ZIP	VAL PARADISO, FL 32580
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYGARDEN, L A	2.2 NAME	MAYGARDEN, L A.
STREET ADDRESS	1241 TAMARA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLENKER, PATRICK	3.2 NAME	
STREET ADDRESS	5151 N. 9TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, BEN W	4.2 NAME	
STREET ADDRESS	3740 MCCLELLAN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS	see LIST ATTACHED	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **L. A. Maygarden** MAY GARDEN 3/8/99 (950) 434-0268

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Updated 12/9/98

CONSUMER CREDIT COUNSELING SERVICE OF WEST FLORIDA, INC
BOARD OF DIRECTORS

Benjamin W. Beard
3740 McClellan Road
Pensacola, FL. 32503
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Work (850) 434-3251
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Term expires: 1999

Dr. Frank Biasco
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Pensacola, FL 32514-1620
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Work (850) 474-2357
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Fax (850) 474-2363-work
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Term expires: 1999

Greg Frith
Vice President
Panhandle Education Federal CU
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Telephone: (850) 759-3306
Term expires: 2001

Jack Hayes
Director of Corporate Banking
Compass Bank
5055 Bayou Blvd.
Pensacola, Fl. 32503
Telephone: (850) 857-5070
Term Expires: 2001

Arnold E. Hendrix, Jr.
Senior Vice President
Vanguard Bank & Trust Company &
Chairman of the Board-CCCS
23 John Sims Parkway
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Work (850) 729-5598
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Hull Oil Company
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Louis A. Maygarden
President/CEO-CCCS
1241 Tamara Drive
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Work (850) 434-0268, ext 30
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Gulf Power Company
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Patrick Schlenker
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Ms. Ella W. Sims
Esc. Co. School Board
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Work (850) 469-5495
Fax: (850) 469-5630

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Email: esims@escambia.k12.fl.us
Term expires: 1999

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Retired, US Navy
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Work same
Fax same
Term expires: 2001

Betty B. Wasson
AmSouth Bank
920 Bay Blvd.
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Fax: (850) 444-1640
Term expires: 1999