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FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000338 (2)

1. Corporation Name

FEDERATED CREDIT COUNSELING SERVICES, INC.



Principal Place of Business

16720 NORWOOD DR  
TAMPA FL 33624  
US

Mailing Address

16720 NORWOOD DR.  
TAMPA FL 33624  
US

3. Date Incorporated or Qualified

01/24/1995

4. FEI Number

59-3289527

Applied For

Not Applicable

2. Principal Place of Business

21 16720-Norwood DR  
Suite, Apt. #, etc.

22 City & State  
TAMPA FLA

23 Zip  
33624

24 Country  
Hills

2a. Mailing Address

26 SAME  
Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MADORMA, VINCENT  
16720 NORWOOD DR.  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name VINCENT MADORMA  
82 Street Address (P.O. Box Number is Not Acceptable)  
16720 NORWOOD DRIVE  
83  
84 City TAMPA FL 85 Zip Code 33624

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 PRESIDENT  
NAME MADORMA, VINCENT  
STREET ADDRESS 16720 NORWOOD DR.  
CITY-ST-ZIP TAMPA FL

TITLE DO OFFICER  
NAME DURANT, LAURA  
STREET ADDRESS 556007 ARBOR CLUB WAY  
CITY-ST-ZIP BOCA RATON FL

TITLE DO OFFICER  
NAME GREEN, ARTHUR  
STREET ADDRESS 2815 N. ARMENTA  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE D.O. OFFICER  
2.2 NAME DURANT LAURA  
2.3 STREET ADDRESS 22539-SW 7th St  
2.4 CITY-ST-ZIP BOCA RATON FL 33433

3.1 TITLE DO OFFICER  
3.2 NAME GREEN ARTHUR  
3.3 STREET ADDRESS 5317-TAYLOR RD  
3.4 CITY-ST-ZIP Lutz FL 33549

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: 4/15/98 813 963-6150

CR2E037 (10/97)