

FILE NOW: FILING FEE IS \$61.25

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: 16720-Norwood Dr, Suite #, etc.  
2a. Mailing Address: SAME  
23. City & State: TPA, FLA  
24. Zip: 33624, Country: Hills

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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: VINCENT MADORMA, 16720 NORWOOD DRIVE, TAMPA, FL 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PRESIDENT	1.1 TITLE	
NAME	MADORMA, VINCENT	1.2 NAME	
STREET ADDRESS	16720 NORWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DO OFFICER	2.1 TITLE	D.O. OFFICER
NAME	DURANT, LAURA	2.2 NAME	DURANT LAURA
STREET ADDRESS	656007 ARBOR CLUB WAY	2.3 STREET ADDRESS	22539 - SW 7th St
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	DO OFFICER	3.1 TITLE	DO OFFICER
NAME	GREEN, ARTHUR	3.2 NAME	GREEN ARTHUR
STREET ADDRESS	2815 N. ARMENTA	3.3 STREET ADDRESS	5317 - Taylor Rd
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Lutz FL 33549
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change Addition

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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: \_\_\_\_\_ DATE: 4/15/98 / 813 963-6150

CR2E037 (10/97)