

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002268 (9)

1. Corporation Name

CREDIT COUNSELING CENTERS OF AMERICA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3201
POMPANO BEACH FL 33072P.O. BOX 3201
POMPANO BEACH FL 33072-32013. Date Incorporated or Qualified
05/10/19953a. Date of Last Report
05/21/1996

4. FEI Number

65-0592499

Applied For

Not Applicable

5. Certificate of Status Desired

XX

showing Nonprofit Status

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

c/o 1900 S. Ocean Blvd.,

83 # 7-E

84 City

Pompano Beach

FL

85 Zip Code

33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1502, 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 617.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/16/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPARROW, SHERRI	
STREET ADDRESS	601 CYPRESS LAKE BLVD., STE. M	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOHN, BEVERLY	
STREET ADDRESS	1900 S. OCEAN BLVD., #7-E	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JAVER, JOEL B.	
STREET ADDRESS	3931 S. NARCISSUS WAY	
CITY-ST-ZIP	DENVER CO 80237	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	(Address Change Only)	
1.3 STREET ADDRESS	c/o 1900 S. Ocean Blvd., #7-E	
1.4 CITY-ST-ZIP	Pompano Beach, Florida 33062	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

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 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

4/16/97

Date

Daytime Phone # 0026400

CR2E037 (9/96)