

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90055 049 \*\*\*\*61.25

0037567

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N96000002606**

1. Corporation Name

**AMALGAMATED CREDIT COUNSELORS INC.**

Principal Place of Business

5950 W OAKLAND PK BLVD  
118  
LAUDERHILL FL 33313  
US

Mailing Address

5950 W OAKLAND PK BLVD  
118  
LAUDERHILL FL 33313  
US



2. Principal Place of Business

21 **5950 W OAKLAND PK BLVD**

Suite, Apt. #, etc.

22 **112**

City & State

23 **LAUDERHILL FL**

Zip

24 **33313**

Country

25 **U.S.A.**

2a. Mailing Address

26 **5950 W. OAKLAND PK BLVD**

Suite, Apt. #, etc.

27 **112**

City & State

28 **LAUDERHILL FL**

Zip

29 **33313**

Country

30 **U.S.A.**

3. Date Incorporated or Qualified

**05/15/1996**

4. FEI Number

**65-0671465**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**FILINGS, INC.**  
**3732 NW 16TH ST.**  
**MIAMI FL 33311**

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

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 **D** ☐ DELETE

NAME **STEWART, SONIA**  
STREET ADDRESS **230 LACOSTA WAY**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33326**

TITLE **D** ☐ DELETE

NAME **SMELLIE, NADINE**  
STREET ADDRESS **230 LACOSTA WAY**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33326**

TITLE **D** ☐ DELETE

NAME **GARDNER, GLADSTONE**  
STREET ADDRESS **230 LACOSTA WAY**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33326**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **Sonia Stewart** **RECORDED** **STEWART**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/99**  
Date

**(954) 486-0830**  
Daytime Phone #

CR2E037 (1/98)