## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002606

Entity Name: AMALGAMATED CREDIT COUNSELORS INC.

FILED Mar 30, 2004 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

5950 W OAKLAND PK BLVD 5950 W OAKLAND PK BLVD 300

309

LAUDERHILL, FL 33313 LAUDERHILL, FL 33313

**Current Mailing Address: New Mailing Address:** 

5950 W OAKLAND PK BLVD 5950 W OAKLAND PK BLVD

300 LAUDERHILL, FL 33313 US LAUDERHILL, FL 33313

US

FEI Number: 65-0671465 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete STEWART, SONIA STEWART, SONIA Name: Name:

230 LACOSTA WAY Address: 230 LACOSTA WAY Address:

City-St-Zip: FT. LAUDERDALE, FL 33326 City-St-Zip: FT. LAUDERDALE, FL 33326

Title: () Delete Title: (X) Change ( ) Addition

WACKS, EDWARD A Name: WACKS, EDWARD A Name:

Address: 5950 W. OAKLAND PK. BLVD. #309 Address: 5950 W. OAKLAND PK. BLVD. #300

City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: LAUDERHILL, FL 33313

Title: (X) Delete Title: () Change () Addition WHITE, FELICIA Name: Name:

20295 NW 2ND AVE. SUITE 110 Address: Address:

City-St-Zip: MIAMI, FL 33169 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: KELLIER, LEDGER Name: Address: 1211 NW 56 AVE. Address: City-St-Zip: FORT LAUDERDALE, FL 33313 City-St-Zip:

Title: () Delete Title: () Change () Addition

GEORGE, LAURA Name: Name: 5974 NW 125 AVE. Address: Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA STEWART Ρ 03/30/2004