


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 05 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **N96000005324 (6)**
1. Corporation Name

CONSUMER CREDIT COUNSELING, INC.



Principal Place of Business
**111 EAST ROBERTSON STREET
BRANDON FL 33511**

Mailing Address
**POST OFFICE BOX 1301
BRANDON FL 33509**

3. Date Incorporated or Qualified

10/16/1996

4. FEI Number

59-3404976

Applied For

Not Applicable

| | |
|--------------------------------|------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 10 WALTER SANDERS |
| 22 City & State | 27 13910 N DALE MABRY STE 1 |
| 23 Zip | 28 TAMPA FL |
| 24 Country | 29 33618 |
| 25 | 30 US |

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

10. Name and Address of New Registered Agent

**SANDERS, WALTER
13910 N DALE MABRY HWY
STE ONE
TAMPA FL 33618**

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

Walter Sanders

(NOTE: Registered Agent signature required when reinstating)

WALTER SANDERS 2-26-98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROSNAN, IRENE | 1.2 NAME | |
| STREET ADDRESS | 111 EAST ROBERTSON STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL 33511 | 1.4 CITY-ST-ZIP | |
| TITLE | VTD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROSNAN, EDWARD F | 2.2 NAME | |
| STREET ADDRESS | 111 EAST ROBERTSON STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL 33511 | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROSNAN, PAULA A | 3.2 NAME | |
| STREET ADDRESS | 111 EAST ROBERTSON STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL 33511 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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

**9000002554763
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***61.25**

CP2E037 (10/97)