2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N97000004742

Entity Name: FLORIDA CREDITORS BAR ASSOCIATION, INC.

Current Principal Place of Business:

4417 BEACH BOULEVARD
SUITE 400
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47718
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEBSKI, MICHAEL T
4417 BEACH BOULEVARD
SUITE 400
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: DEBSKI, MICHAEL
Address: 4417 BEACH BLVD., STE 400
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: WALTERS, ALLISON
Address: 103 SOUTH BLVD.
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: CANTER, STEVEN
Address: 2300 MAITLAND CENTER PKWY, STE 200
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CANTER, STEVEN
Address: 205 CRYSTAL GROVE BLVD, SUITE 102
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL DEBSKI D 06/22/2009
Electronic Signature of Signing Officer or Director — Date