

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006497

FILED
Apr 22, 2004
Secretary of State**Entity Name:** THE CREDIT COUNSELING FOUNDATION, INC.**Current Principal Place of Business:**3350 N.W 53RD STREET
103
FORT LAUDERDALE, FL 33309 US**New Principal Place of Business:****Current Mailing Address:**3350 N.W 53RD STREET
103
FORT LAUDERDALE, FL 33309 US**New Mailing Address:****FEI Number:** 31-1588295 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SINGER, BERNARD A
4925 SHERIDAN STREET
SUITE A
HOLLYWOOD, FL 33021**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:** PD () Delete
Name: THOMAS, KEVIN
Address: 3350 N.W. 53RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309**Title:** STD (X) Delete
Name: GREVE, SCOTT
Address: 3350 N.W. 53RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309**Title:** VD (X) Delete
Name: NELSON, MICHAEL
Address: 3350 N.W 53RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309**Title:** D (X) Delete
Name: COONEY, LESLIE L
Address: 3350 N.W 53RD STREET
City-St-Zip: FORT LAUDERDALE, FL 333069**Title:** D () Delete
Name: LAKOSKY, CARL
Address: 3350 N.W 53RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: JILL, MCCARTHY
Address: 3350 N.W. 53RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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: JILL MCCARTHY

D

04/22/2004

Electronic Signature of Signing Officer or Director

Date