

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 10 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004401

1. Entity Name
FEDERATED FINANCIAL COUNSELING SERVICES, INC.



Principal Place of Business
3275 W HILLSBORO BOULEVARD
SUITE 101
DEERFIELD BEACH, FL 33442

Mailing Address
3275 W HILLSBORO BOULEVARD
SUITE 101
DEERFIELD BEACH, FL 33442

\$61.25



04302004 No Chg-NP

CR2E037 (10/03)

04

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4. FEI Number
65-1021406

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR
3275 W HILLSBORO BLVD STE 110
DEERFIELD BEACH, FL 33442

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FARNACH, ELIZABETH
STREET ADDRESS 3275 W. HILLSBORO BLVD., SUITE 110
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D
NAME EISENBERG, MARGARET
STREET ADDRESS 3275 W. HILLSBORO BLVD., SUITE 110
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D
NAME SILVER-REED, SHERRY MHR/CAP
STREET ADDRESS 3275 W. HILLSBORO BLVD., SUITE 110
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Elizabeth Farnach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #

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