

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

DO NOT WRITE IN THIS SPACE



05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1021406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANSBURG, JOSSI 3275 W HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, JESSE 3275 W. HILLSBORO BLVD., SUITE 110 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER-REED, SHERRY 3275 W. HILLSBORO BLVD., SUITE 110 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANSBURG, RABBI JOSSI 3275 W. HILLSBORO BLVD., SUITE 110 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained 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 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 all other like empowered.

SIGNATURE:

Sherry Silver Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Date Daytime Phone #

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