

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90088 001 ****70.00

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DOCUMENT # N99000006458 1. Entity Name CONSUMER CREDIT COUNSELING SERVICE OF CENTRAL FLORIDA AND THE FLORIDA GULF COAST, INC.					
Principal Place of Business 3670 MAGUIRE BLVD., STE. 103 ORLANDO, FL 32803			Mailing Address 3670 MAGUIRE BLVD., STE. 103 ORLANDO, FL 32803		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3608188	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LANG, THOMAS F ALLEN, LANG, CUROTTO & PEED, P.A. 14 E. WASHINGTON ST., STE. 600 ORLANDO, FL 32801					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSOB <input checked="" type="checkbox"/> Delete RUBIN, RONALD S 2471 MCINTOSH WAY MAITLAND, FL 32751				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCB <input type="checkbox"/> Delete NEWELL, MARILYN 3660 MAGUIRE BLVD, SUITE 315 ORLANDO, FL 32803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB <input type="checkbox"/> Delete BERRY, JR, JOHN L 800 N. MAGNOLIA AVE 800 ORLANDO, FL 32803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR <input type="checkbox"/> Delete FISCHER, GARY D ONE CITRUS BOWL PLAZA ORLANDO, FL 32805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCB <input checked="" type="checkbox"/> Delete HAUGABOOK, EARL 702 N. FRANKLIN STREET TAMPA, FL 33602				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE <input type="checkbox"/> Delete RAWA, EDWARD G 141 SPRING LANE WINTER PARK, FL 32781				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
DSOB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Haugabook, Earl 702 N. Franklin St. Tampa, FL 33602					
DVCB <input type="checkbox"/> Change <input type="checkbox"/> Addition					
DCOB <input type="checkbox"/> Change <input type="checkbox"/> Addition					
DTR <input type="checkbox"/> Change <input type="checkbox"/> Addition					
DVCB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hamp, Jr., Edward 3815 N. Nebraska Ave Tampa Bay, FL 33603					
DPCE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 reports 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: <u><i>[Signature]</i></u> 1-19-05 407-995-8886 X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					