

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006458

FILED  
Mar 14, 2007  
Secretary of State

**Entity Name:** CONSUMER CREDIT COUNSELING SERVICE OF CENTRAL FLORIDA AND THE FLORIDA GULF COAST, INC.

**Current Principal Place of Business:**

3670 MAGUIRE BLVD., STE. 103  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

3670 MAGUIRE BLVD., STE. 103  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 59-3608188      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**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 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: DCOB ( ) Delete  
Name: NESS, THOMAS  
Address: 13302 NORTH PALM DRIVE  
City-St-Zip: TAMPA, FL 33612

Title: DVCB ( ) Delete  
Name: HAMP, EDWARD W JR  
Address: 3815 NORTH NEBRASKA AVENUE  
City-St-Zip: TAMPA, FL 33603

Title: DVCB ( ) Delete  
Name: LEWIS, KENA L  
Address: 301 EAST PINE STREET, SUITE 600  
City-St-Zip: ORLANDO, FL 32801

Title: DSOB ( ) Delete  
Name: LINDGREN, RICHARD W  
Address: 310 ALMOND STREET  
City-St-Zip: CLERMONT, FL 34711

Title: DTB ( ) Delete  
Name: FISCHER, GARY D  
Address: 1067 EDEN'S GATE COURT  
City-St-Zip: LONGWOOD, FL 32750

Title: DPCE ( ) Delete  
Name: BERRY, JOHN L JR  
Address: 800 NORTH MAGNOLIA AVE., SUITE 800  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DSOB (X) Change ( ) Addition  
Name: LINDGREN, RICHARD W  
Address: 8035 LAKESIDE DRIVE  
City-St-Zip: YALAHUA, FL 34797

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

Title: DCEO (X) Change ( ) Addition  
Name: SKAGGS, RICHARD J  
Address: 3670 MAGUIRE BLVD STE 103  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD J SKAGGS

CEO

03/14/2007

Electronic Signature of Signing Officer or Director

Date