

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006458

FILED
Feb 01, 2008
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: 8035 LAKESIDE DRIVE
City-St-Zip: YALAHUA, FL 34797

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCOB (X) Change () Addition
Name: LEWIS, KENA
Address: 1414 KUHL AVE
City-St-Zip: ORLANDO, FL 32806

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

Title: DVCB (X) Change () Addition
Name: WEISS, ALDEN
Address: P.O. BOX 10000
City-St-Zip: LAKE BUENA VISTA, FL 32830

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 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

DCEO

02/01/2008

Electronic Signature of Signing Officer or Director

Date