

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005897

**Entity Name:** AMERICAN COUNCIL ON CONSUMER INTERESTS, INC.

**Current Principal Place of Business:**

2840 WEST BAY DRIVE #141  
BELLEAIR BLUFFS, FL 33770

**Current Mailing Address:**

2840 WEST BAY DR  
#141  
BELLEAIR BLUFFS, FL 33770 US

**FEI Number:** 46-5444048

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PHILLIPS, VIRGINIA B  
2840 WEST BAY DRIVE #141  
BELLEAIR BLUFFS, FL 33770 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FONTES, ANGELA  
Address        2840 WEST BAY DRIVE #141  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title            PAST PRESIDENT  
Name            HENAGER, ROBIN  
Address        2840 WEST BAY DRIVE #141  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title            EXECUTIVE DIRECTOR  
Name            TILTON, JUDITH  
Address        2840 WEST BAY DR  
                  141  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title            TREASURER  
Name            WOUNDED HEAD, LORNA  
Address        2840 WEST BAY DRIVE #141  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title            SECRETARY  
Name            CHOI, SHINAE  
Address        2840 WEST BAY DRIVE #141  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title            PRESIDENT ELECT  
Name            CHATTERJEE, SWARN  
Address        2840 WEST BAY DRIVE #141  
City-State-Zip: BELLEAIR BLUFFS FL 33770

*I hereby 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 all other like empowered.*

**SIGNATURE:** JUDITH TILTON

**EXECUTIVE DIRECTOR**

**01/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date