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: VIRGINIA PHILLIPS

Electronic Signature of Signing Officer/Director Detail

SECRETARY

Name	JOHNSON, CARRIE
Address	2840 WEST BAY DRIVE #141

City-State-Zip: BELLEAIR BLUFFS FL 33770

141

PHILLIPS, VIRGINIA B DR.

BELLEAIR BLUFFS FL 33770

2840 WEST BAY DR

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

The above name	d entity submits this statement for the purpose of changing its re	gistered office or regis	stered agent, or both, in the State of Florida.	
SIGNATURI	Ξ:			
	Electronic Signature of Registered Agent			
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	PAST PRESIDENT	
Name	HENAGER-GREENE, ROBIN	Name	KAREN, DUNCAN	
Address	2840 WEST BAY DRIVE #141	Address	2840 WEST BAY DRIVE #141	
City-State-Zip:	BELLEAIR BLUFFS FL 33770	City-State-Zip:	BELLEAIR BLUFFS FL 33770	
Title	EXECUTIVE DIRECTOR	Title	TREASURER	

Name and Address of Current Registered Agent:

2840 WEST BAY DRIVE #141 BELLEAIR BLUFFS. FL 33770

DOCUMENT# N1200005897

Current Mailing Address:

#141

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

Name

Title

Address

City-State-Zip:

2840 WEST BAY DR

BELLEAIR BLUFFS, FL 33770 US

___. .

FEI Number: 46-5444048					
News and Address of Osmus of Devisions					

Entity Name: AMERICAN COUNCIL ON CONSUMER INTERESTS, INC.

Current Principal Place of Business:

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2021 Secretary of State 8015670144CC

Certificate of Status Desired: No

Date

02/17/2021 Date

EXECUTIVE DIRECTOR