

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 6:37**

**DOCUMENT # N36391 (3)**

1. Corporation Name  
**CHRISTIAN CREDIT COUNSELORS, INC.**

Principal Place of Business Mailing Address  
**450 SEMINOLA BLVD 450 SEMINOLA BLVD**  
**CASSELBERRY FL 32707 CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/26/1990</b>	3a. Date of Last Report <b>03/29/1994</b>
4. FEI Number <b>59-2991517</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MCTAGGART, EDWARD J.**  
**450 SEMINOLA BLVD**  
**CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and the filer applicable. (NOTE: Registered Agent signature required when restoring.)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MCTAGGART, EDWARD J.</b>
STREET ADDRESS	<b>1284 PRINCE CT</b>
CITY - ST - ZIP	<b>HEATHROW FL</b>
TITLE	<b>D</b>
NAME	<b>SIEBERT, ERIC R</b>
STREET ADDRESS	<b>450 SEMINOLA BLVD</b>
CITY - ST - ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>D</b>
NAME	<b>HARTMAN, JAMES D.</b>
STREET ADDRESS	<b>330 STONER ROAD</b>
CITY - ST - ZIP	<b>WINTER SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>MCTAFFART, SONIA J.</b>
STREET ADDRESS	<b>450 SEMINOLA BLVD</b>
CITY - ST - ZIP	<b>CASSELBERRY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>EDWARD J. MCTAGGART</b>	
13 STREET ADDRESS	<b>2821 ROUNDABOUT LANE</b>	
14 CITY - ST - ZIP	<b>ORLANDO FL 32818</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	<b>SONIA J. MCTAGGART</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>2821 ROUNDABOUT LANE</b>	
43 STREET ADDRESS	<b>ORLANDO FL 32818</b>	
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 the report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 23 if changed, with an attachment with an address.

SIGNATURE: *Sonia J. McTaggart* **3-17-95** **(407) 699-6411**  
SIGNATURE AND FILED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR