

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005129

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** AMERICAN CONSUMER DEBT ADVOCATES, A NOT FOR PROFIT CORPORATION

**Current Principal Place of Business:**

6550 N. FEDERAL HWY  
STE 210  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

6550 N. FEDERAL HWY  
STE 210  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 27-1333288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEVE JACOB, CPA  
6550 N. FEDERAL HWY  
STE 210  
FT. LAUDERDALE, FL 33308 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: CHRM  
Name: SULLIVAN, MICHAEL  
Address: 6550 N. FEDERAL HWY STE 210  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: PD  
Name: SULLIVAN, MICHAEL  
Address: 6550 N. FEDERAL HWY STE 210  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VCHR  
Name: BERNSTEIN, ZAYLE  
Address: 707 SE 3RD AVENUE, 3RD FLOOR  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: VD  
Name: BERNSTEIN, ZAYLE  
Address: 707 SE 3RD AVENUE, 3RD FLOOR  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: TD  
Name: CARROLL, TOM  
Address: 101 N. RIVERSIDE DRIVE STE 214  
City-St-Zip: POMPANO BEACH, FL 33062

Title: TD  
Name: JACOB, STEVE  
Address: 6550 N. FEDERAL HWY STE 210  
City-St-Zip: FT. LAUDERDALE, FL 33308

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: MICHAEL SULLIVAN

CHRM

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date