

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002240

Entity Name: FORECLOSURE COUNSELING AGENCY, INC.

FILED  
Apr 16, 2004  
Secretary of State

**Current Principal Place of Business:**

1000 SO MILITARY TRAIL, SUITE F  
W. PALM BEACH, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

1000 SO MILITARY TRAIL, SUITE F  
W. PALM BEACH, FL 33415

**New Mailing Address:**

FEI Number: 65-1004035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLINDEL, ROBERT C JR  
1850 FORESTHILL BLVD #103  
W. PALM BEACH, FL 33406 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: DPST ( ) Delete  
Name: FALSIA, JOSEPH III  
Address: 621 P ST.  
City-St-Zip: W. PALM BEACH, FL 33401

Title: DV ( ) Delete  
Name: MITCHELL, PAMLETTA  
Address: 621 P ST.  
City-St-Zip: W. PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: FALSIA, ANNETTE  
Address: 2421 VILLAGE BLVD #404  
City-St-Zip: WEST PALM BEACH, FL 33404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 for the exemption stated in Section 119.07(3)(i), 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: PAMLETTA MITCHELL

D

04/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date