

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000075

1. Entity Name
**FEDERATED FINANCIAL DEBT MANAGEMENT GROUP,
INC.**



Principal Place of Business
**3275 W HILLSBORO BLVD, SUITE 207
DEERFIELD BEACH, FL 33442**

Mailing Address
**3275 W HILLSBORO BLVD, SUITE 207
DEERFIELD BEACH, FL 33442**

FILED

04 MAY 10 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 No Chg-NP

CR2E037 (10/03)

84

4. FEI Number
80-0019808

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COLEMAN, ANTHONY G JR
3275 W HILLSBORO BLVD, SUITE 207
DEERFIELD BEACH, FL 33442**

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, RITA
3275 W HILLSBORO BLVD, SUITE 207
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEINTRAUB, TED
3275 W HILLSBORO BLVD, SUITE 207
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLEMAN, ANTHONY G JR.
3275 W HILLSBORO BLVD, SUITE 207
DEERFIELD BEACH, FL 33442**

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #