

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 - 08:00 AM
Secretary of State

DOCUMENT # N02000004114

1. Entity Name
DEBT REDUCTION FOUNDATION, INC.



Principal Place of Business
1600 SOUTH DIXIE HWY STE 400
BOCA RATON, FL 33432

Mailing Address
1600 SOUTH DIXIE HWY STE 400
BOCA RATON, FL 33432



04242004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0614964

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, SPENCER B ESQ
1600 SOUTH DIXIE HWY STE 400
BOCA RATON, FL 33432

**DO NOT WRITE
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
SIEGEL, MARK
1400 NW 9TH AVE #7
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SIEGEL, SPENCER
1600 SOUTH DIXIE HWY STE 400
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SIEGEL, S. JAY
17946 HAMPSHIRE LANE
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000150486
05/04/04-80008-018 61.25

**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

Mark Siegel, Director

Date

Daytime Phone #

4/29/04 394-2500