

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001969

FILED  
Jan 23, 2005  
Secretary of State

Entity Name: W&C DEBT COUNSELING INC.

## Current Principal Place of Business:

18848 NW 78 PL  
MIAMI LAKES, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

18848 NW 78 PL  
MIAMI LAKES, FL 33015

## New Mailing Address:

FEI Number: 20-0674905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHIGHAM, JACQUILINE  
18848 NW 78 PL  
MIAMI LAKES, FL 33015 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: DP ( ) Delete  
Name: WHIGHAM, JACQUILINE  
Address: 18848 NW 78 PL  
City-St-Zip: MIAMI LAKES, FL 33015

Title: DVT ( ) Delete  
Name: CORDERO, KELSEY  
Address: 18848 NW 78 PL  
City-St-Zip: MIAMI LAKES, FL 33015

Title: DS ( ) Delete  
Name: WHIGHAM, MICHAEL  
Address: 18848 NW 78 PL  
City-St-Zip: MIAMI LAKES, FL 33015

Title: D ( ) Delete  
Name: CHERRY, ERNEST  
Address: 18848 NW 78 PL  
City-St-Zip: MIAMI LAKES, FL 33015

## 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:

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: JACQUELINE WHIGHAM

DP

01/23/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date