

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005554

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL FORECLOSURE INTERVENTION COUNSELING, INC.

**Current Principal Place of Business:**

10305 NW 41 STREET  
SUITE 215  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10305 NW 41 STREET  
SUITE 215  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 36-4668734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIZCARRONDO, ALFREDO  
10305 NW 41 STEET  
STE. 215  
DORAL, FL 33178 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:** P  
**Name:** VIZCARRONDO, ALFREDO  
**Address:** 10305 NW 41 STREET, STE. 215  
**City-St-Zip:** DORAL, FL 33178 US

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:** ALFREDO VIZCARRONDO

P

06/17/2010

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

\_\_\_\_\_  
Date