

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001000

FILED
Feb 09, 2006
Secretary of State

Entity Name: NATIONAL FOUNDATION FOR DEBT MANAGEMENT, INC.

Current Principal Place of Business:

14100 58TH STREET NORTH
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

14100 58TH STREET NORTH
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3556825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, TOM
14100 58TH ST N.
CLEARWATER, FL 33760 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: CEO () Delete
Name: GIGNAC, JR., RENE V
Address: 14100 58TH ST. N.
City-St-Zip: CLEARWATER, FL 33760

Title: SDCO () Delete
Name: DEPERGOLA, THOMAS J
Address: 14100 58TH ST. N.
City-St-Zip: CLEARWATER, FL 33760

Title: PTD () Delete
Name: WALKER, THOMAS
Address: 14100 58TH ST. N.
City-St-Zip: CLEARWATER, FL 33760

Title: CFOD () Delete
Name: MORGAN, ROBERT
Address: 14100 58TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33760

Title: GC () Delete
Name: SORENSEN, JUDITH R
Address: 14100 58TH STREET
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: MINTZ, BRIAN
Address: 2827 GREY OAKS BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

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: D (X) Change () Addition
Name: CHOWDHURY, SUSANTI
Address: 10255 ULMERTON ROAD, SUITE 1-B
City-St-Zip: LARGO,, FL 33771

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 Chapter 119, 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: JUDITH R. SORENSEN

GC

02/09/2006

Electronic Signature of Signing Officer or Director

Date