2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N99000001000

Entity Name: NATIONAL FOUNDATION FOR DEBT MANAGEMENT, INC.

Current Principal Place of Business:

14104 58TH ST. N.
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

14104 58TH ST. N.
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:

DYER, RALPH R
14104 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:	ED	( ) Delete
Name:	DYER, RALPH R	
Address:	14104 58TH ST N.	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	VP	( ) Delete
Name:	ROE, GEORGE E JR	
Address:	14104 58TH ST N.	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	D	( ) Delete
Name:	TASH, JOSEPH	
Address:	6061 GULFPORT BOULEVARD	
City-St-Zip:	GULFPORT, FL 33707	
Title:	D	( ) Delete
Name:	KIKOLER, JEFFERY	
Address:	10263 GANDY BLVD., #21	
City-St-Zip:	ST. PETERSBURG, FL 33702	
Title:	D	( ) Delete
Name:	HILL, RONALD P	
Address:	800 LANCASTER AVENUE	
City-St-Zip:	VILLANOVA, PA 19085	
Title:	D	( ) Delete
Name:	SPAULDING, SUSAN	
Address:	1126 – 25TH AVE.	
City-St-Zip:	ST. PETERSBURG, FL 33704	

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:	
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 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: RALPH R. DYER ED 01/14/2009

Electronic Signature of Signing Officer or Director — Date