

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90007 028 ****70.00

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1. Entity Name
DEBT MANAGEMENT CREDIT COUNSELING CORP.



44001660

Principal Place of Business
**700 BANYAN TRAIL
SUITE 200
BOCA RATON, FL 33431**

Mailing Address
**700 BANYAN TRAIL
SUITE 200
BOCA RATON, FL 33431**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0923483

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ULLMAN, MICHAEL
150 E PALMETTO PARK RD
STE 650
BOCA RATON, FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete
NAME **LANE, JAMES**
STREET ADDRESS **4004 N.W. 62ND COURT**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **RUDMAN, ALEXANDRA**
STREET ADDRESS **1230 SPANISH RIVER RD**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☒ Delete
NAME **PELLEGRINO, KAREN**
STREET ADDRESS **3033 MARBELLA CT**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **WALTER, FATHER CHARLES**
STREET ADDRESS **2205 S CONGRESS BEND DRIVE # 804**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☒ Change ☐ Addition
NAME **Charles Walter**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LOCONTE, MICHAEL**
STREET ADDRESS **1114 GREENPINE BLVD #102**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **JARVIS, WAYNE J**
STREET ADDRESS **777 JEFFERY ST#402**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Charles Walter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-04

Date

954-536-0921

Daytime Phone #