

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003218

Entity Name: DEBT MANAGEMENT CREDIT COUNSELING CORP.**Current Principal Place of Business:**1100 S. POWERLINE RD., SUITE 101
DEERFIELD BEACH, FL 33442**Current Mailing Address:**1100 S. POWERLINE RD., SUITE 101
DEERFIELD BEACH, FL 33442 US**FEI Number:** 65-0923483**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	DT
Name	KALAF, WILLIAM
Address	7012 TOMLIN GREEN LANE
City-State-Zip:	CHARLOTTE NC 28277

Title	DVP
Name	SCHAFFER, SHANNON
Address	2705 ZORNO WAY
City-State-Zip:	DELRAY BEACH FL 33445

Title	D/S
Name	O'BRIEN, CAROLINE
Address	2830 SW 15TH STREET 6C
City-State-Zip:	DELRAY BEACH FL 33445

Title	D/P
Name	HEINEMANN, PHIL
Address	983 SW 149TH WAY
City-State-Zip:	SUNRISE FL 33326

Title	DIRECTOR
Name	ALEMAN, JUAN
Address	104 SAWBILL PALM DRIVE
City-State-Zip:	PONTE VEDRA FL 32082

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: PHIL HEINEMANN**PRESIDENT****01/15/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date