

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 26, 2012  
Secretary of State

DOCUMENT# N11000010962

Entity Name: NATIONAL ASSOCIATION OF RESPONSIBLE CREDIT REPAIR ADVISORS, INC.

**Current Principal Place of Business:**

6619 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

6619 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

FEI Number: 38-3861158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CITRON, MICHAEL B  
6619 STATE ROAD 54  
NEW PORT RICHEY, FL 34653 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: D/P  
Name: CITRON, MICHAEL B  
Address: 6619 STATE ROAD 54  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DVP  
Name: KAPLAN, JASON  
Address: 150 E. 49 STREET, 4D  
City-St-Zip: NEW YORK, NY 10017

Title: D/S  
Name: PERKINS, DONNA  
Address: 2016 SWIFT AVE.  
City-St-Zip: NORTH KANSAS CITY, MO 64116

Title: D/T  
Name: PATE, JOEL  
Address: 851 E. I-65 SERVICE RD, STE. 304  
City-St-Zip: MOBILE, AL 36606

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: JOEL S. PATE

D/T

04/26/2012

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

\_\_\_\_\_ Date