

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 15 PM 3: 22

DOCUMENT # 704556 (0)

1. Corporation Name  
**DEBBIE-RAND MEMORIAL SERVICE LEAGUE, INC.**

Principal Place of Business Mailing Address  
800 MEADOWS RD. BOCA RATON FL 33486-2304  
800 MEADOWS RD. BOCA RATON FL 33486-2304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/21/1962** 3a. Date of Last Report **02/07/1994**  
4. FEI Number **59-1055553** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**KOVAL, CHARLES**  
**800 MEADOWS ROAD**  
**BOCA RATON FL 33486**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature Required when Restating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	COMPARATO, EDITH
STREET ADDRESS	324 COCONUT PALM RD
CITY - ST - ZIP	BOCA RATON FL
TITLE	VD
NAME	WALTERS, JEANNE
STREET ADDRESS	19731 BOCA GREENS DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	TD
NAME	MURPHY, PAUL E
STREET ADDRESS	9210 SW 3RD ST #212
CITY - ST - ZIP	BOCA RATON FL
TITLE	PD
NAME	CHANDLER, JANE
STREET ADDRESS	5578 CAMEO DR N.
CITY - ST - ZIP	BOCA RATON FL
TITLE	SD
NAME	MALTON, MADLYN
STREET ADDRESS	1281 SW 7TH ST #72
CITY - ST - ZIP	BOCA RATON FL
TITLE	VD
NAME	GERSON, MARILYN
STREET ADDRESS	22191 LARKSPUR TRAIL
CITY - ST - ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Patricia Thomas
6.3 STREET ADDRESS	5710 Hamilton Way
6.4 CITY - ST - ZIP	Boca Raton, Florida 33496

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul E. Murphy 2-9-95 407-393-4098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Treasurer Date Daytime Phone #