


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 23 PM 2:43

DOCUMENT # 704556 1. Entity Name DEBBIE-RAND MEMORIAL SERVICE LEAGUE, INC.	
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Principal Place of Business 800 MEADOWS RD. BOCA RATON, FL 33486-2304	Mailing Address 800 MEADOWS RD. BOCA RATON, FL 33486-2304
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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04132004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent RISNER, PAUL 800 MEADOWS RD. BOCA RATON, FL 33486	
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4. FEI Number 59-1055553	Applied For Not Applicable
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		FL	Zip Code
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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.

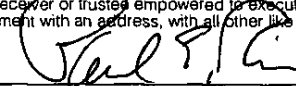
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE N S STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete FOX, BARBARA 7383 ORANGWOOD LN 304 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete THOMAS, PAT 800 MEADOWS RD. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete EPPRIGHT, DOROAS 800 MEADOWS RD. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ULFERTS, JOSEPHINE 625 SW CANISTEL LANE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <input type="checkbox"/> Delete KULBERG, WENDY 2401 N. OCEAN BLVD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete SMITH, PHYLLIS 890 LICLAC DRIVE BOCA RATON, FL 33487

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dorene Heiger 19636 Oakbrook Circle Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Arthur Dermer 7705 Traveler Tree Dr. Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700035732537 05/07/04--01015--015 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 04/22/04	Daytime Phone #: (561) 955-4288
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #