


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90020 020 ****70.00

DOCUMENT # 704556					
1. Entity Name DEBBIE-RAND MEMORIAL SERVICE LEAGUE, INC.					
Principal Place of Business 800 MEADOWS RD. BOCA RATON, FL 33486-2304		Mailing Address 800 MEADOWS RD. BOCA RATON, FL 33486-2304			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1055553	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RISNER, PAUL 800 MEADOWS RD. BOCA RATON, FL 33486			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, BARBARA		NAME	EVIE ZIMMERMAN	
STREET ADDRESS	7383 ORANGEWOOD LN 304		STREET ADDRESS	800 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, PAT		NAME	NANCY QUICK	
STREET ADDRESS	800 MEADOWS RD.		STREET ADDRESS	800 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	RS	<input checked="" type="checkbox"/> Delete	TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIGER, DORENE		NAME	Beth King	
STREET ADDRESS	19636 OAKBROOK CIRCLE		STREET ADDRESS	800 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, NANCY		NAME	GERALD Goldberg	
STREET ADDRESS	3200 N.W. 28TH WAY		STREET ADDRESS	800 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULBERG, WENDY		NAME	MARGE MEERTZ	
STREET ADDRESS	2401 N. OCEAN BLVD		STREET ADDRESS	800 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PHYLLIS		NAME		
STREET ADDRESS	890 LICLAC DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			2/13/06 (Su) 955-4203		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		