


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90058 030 ****61.25

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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: <u>GERALD GOLDBERG, TREASURER D.R.M.S.L.</u>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
SIGNATURE: <u>Gerald S. Goldberg</u>		DATE: <u>1-22-07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, EVIE	NAME	
STREET ADDRESS	800 MEADOWS RD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, NANCY	NAME	
STREET ADDRESS	800 MEADOWS RD.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP	
TITLE	RS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, BETH	NAME	
STREET ADDRESS	800 MEADOWS RD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, GERALD	NAME	
STREET ADDRESS	800 MEADOWS RD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEATZ, MARGE	NAME	
STREET ADDRESS	800 MEADOWS RD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Gerald S. Goldberg</u>		Date: <u>1-22-07</u> (561) 955-3832	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime-Phone #	