
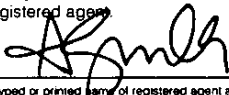
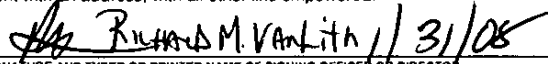


FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90019 020 ****70.00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 410 ANNE SUSLA, ESQ 800 MEADOWS ROAD BOCA RATON, FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, FL		4. FEI Number 59-1055553	
Zip 33486		Country USA	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RISNER, PAUL 800 MEADOWS RD. BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name ANNE SUSLA, ESQ Street Address (P.O. Box Number is Not Acceptable) 800 MEADOWS ROAD BOCA RATON, FL 33486	
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 1-28-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	V ZIMMERMAN, EVIE 800 MEADOWS RD BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUICK, NANCY 800 MEADOWS RD. BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS KING, BETH 800 MEADOWS RD BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date (501) 955-4200 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

40023301



01232008 Chg-NP CR2E037 (12/06)

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name **ANNE SUSLA, ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
800 MEADOWS ROAD
 City **BOCA RATON** FL Zip Code **33486**

1-28-08

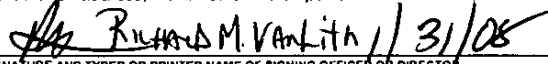
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SIGNATURE:  Date **(501) 955-4200** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR