


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 704556
 1. Entity Name
DEBBIE-RAND MEMORIAL SERVICE LEAGUE, INC.



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

DO NOT WRITE IN THIS SPACE



03252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1055553	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RISNER, PAUL
 800 MEADOWS RD.
 BOCA RATON, FL 33486

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOX, BARBARA 7383 ORANGEWOOD LN 304 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, PAT 800 MEADOWS RD. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS HEIGER, DORENE 19636 OAKBROOK CIRCLE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUICK, NANCY 3200 N.W. 28TH WAY BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KULBERG, WENDY 2401 N. OCEAN BLVD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, PHYLLIS 890 LICLAC DRIVE BOCA RATON, FL 33487

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 04/06/05-80019-016 61.25

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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 employment.

SIGNATURE *Wendy Kulberg* **TREASURER** 4-04-05 (561) 955 3832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #