


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 714801 1. Entity Name MARY LEE DEPUGH NURSING HOME ASSOCIATION, INC.	
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Principal Place of Business 550 WEST MORSE BLVD. WINTER PARK, FL 32789	Mailing Address 550 WEST MORSE BLVD. WINTER PARK, FL 32789
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1104552	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 MURRAH, KENNETH F 800 W MORSE BLVD WINTER PARK, FL 32789
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, YOLANDE 3620 OKEECHOBEE CIRCLE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEXCYE, RAY 845 SWOOP AVE. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CERTAIN, RUDOLPH 3341 BELLINGTON DRIVE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, EDWIN 1549 NORTHDRIDGE LAKE CIR LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYER, CLEM 180 ROSE WIND TRAIL MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LEROY 450 W. CANTON AVE. WINTER PARK, FL

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IN THIS SPACE**

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01/20/06-20056-010 61.25

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 authority like empowered.

SIGNATURE: *Yolanda W Ryan* **YOLANDE W RYAN** 1/5/06 407 644-6631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #