


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 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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02072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1104552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MONSANTO, ROBERTA L MGR
154 BRIARCLIFF DRIVE
KISSIMMEE, FL 34758**

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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: *Roberta Monsanto* 2/7/2008
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, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RYAN, YOLANDA
STREET ADDRESS	2885 WAREHAM COURT
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	S
NAME	MEXCYE, RAY
STREET ADDRESS	845 SWOOP AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VP
NAME	CERTAIN, RUDOLPH
STREET ADDRESS	3341 BELLINGTON DRIVE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	P
NAME	WRIGHT, EDWIN
STREET ADDRESS	1549 NORTHRIDGE LAKE CIR
CITY-ST-ZIP	LONGWOOD, FL
TITLE	T
NAME	BOYER, CLEM
STREET ADDRESS	180 ROSE WIND TRAIL
CITY-ST-ZIP	MAITLAND, FL
TITLE	D
NAME	BROWN, LEROY
STREET ADDRESS	450 W. CANTON AVE.
CITY-ST-ZIP	WINTER PARK, FL

U00000838962
03/05/08-80052-008 70.00

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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: *[Signature]* 407644634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #