2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2009
Secretary of State

DOCUMENT# 714801

Entity Name: MARY LEE DEPUGH NURSING HOME ASSOCIATION, INC.

Current Principal Place of Business:

550 WEST MORSE BLVD.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

550 WEST MORSE BLVD.
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-1104552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KEN, MURRAH L MGR
1601 LEGION DR
WINTER PARK, FL 32789 US

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.

SIGNATURE: KEN MURRAH 07/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RYAN, YOLANDA
Address: 2885 WAREHAM COURT
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete
Name: MEXCYE, RAY
Address: 845 SWOOP AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete
Name: CERTAIN, RUDOLPH
Address: 3341 BELLINGTON DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: P ( ) Delete
Name: WRIGHT, EDWIN
Address: 1549 NORTHRIDGE LAKE CIR
City-St-Zip: LONGWOOD, FL

Title: T ( ) Delete
Name: BOYER, CLEM
Address: 180 ROSE WIND TRAIL
City-St-Zip: MAITLAND, FL

Title: D ( ) Delete
Name: BROWN, LEROY
Address: 450 W. CANTON AVE.
City-St-Zip: WINTER PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: RICHARD, BALDWIN
Address: 1550 DALE AVE
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLANDA RYAN ADM 07/27/2009
Electronic Signature of Signing Officer or Director Date