


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 731210		
1. Entity Name THE DEFUNIAK SPRINGS BUSINESS AND PROFESSIONAL ASSOCIATION, INC.		

Principal Place of Business P. O. BOX 219 DEFUNIAK SPRINGS FL 32435	Mailing Address P.O. BOX 219 DEFUNIAK SPRINGS FL 32435
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
HULION, CARLA M 475 BLUE POND LANE PONCE DE LEON FL 32455	

4. FEI Number 23-7410704	Applied For <input type="checkbox"/> Not Applied
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 reconstituting)	DATE
-----------	--	---	------

FILE NOW: 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	Make Check Payable to Florida Department of State
--	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HULION, CARLA M		NAME		
STREET ADDRESS	475 BLUE POND LANE		STREET ADDRESS		
CITY-ST-ZIP	PONCE DE LEON FL 32455		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DOUGLASS, ANGUS F III		NAME		
STREET ADDRESS	375 HILLCREST WAY		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MORA, CAROLYN E		NAME		
STREET ADDRESS	30 ANDERSON ST		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	COMANDER, SARA		NAME		
STREET ADDRESS	261 SHADY CREEK DR		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

U00000431937
02/23/06-80049-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.