

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Apr 05, 2007 08:00 AM
Secretary of State



04032007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
23-7410704

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HULION, CARLA M
475 BLUE POND LANE
PONCE DE LEON, FL 32455

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	HULION, CARLA M
STREET ADDRESS	475 BLUE POND LANE
CITY-ST-ZIP	PONCE DE LEON, FL 32455
TITLE	DVP
NAME	DOUGLASS, ANGUS F III
STREET ADDRESS	375 HILLCREST WAY
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	DS
NAME	MORA, CAROLYN E
STREET ADDRESS	30 ANDERSON ST
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	DP
NAME	COMANDER, SARA
STREET ADDRESS	261 SHADY CREEK DR
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80030-013 61.25

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IN THIS SPACE**

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:

Sara Comander, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07
Date

8508354834
Daytime Phone #