2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2004 8:00 am Secretary of State **DOCUMENT #737616** 04-22-2004 90068 032 ****61.25 DEBÁRY HALL INC. Principal Place of Business ----Mailing Address 210 SUNRISE BLVD PO BOX 911 DEBARY, FL 32713 DEBARY, FL 32713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1745677 City & State City & State Applied For . . . Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, DONALD B. 150 S HWY 17-92 Street Address (P.O. Box Number is Not Acceptable) STE 3 DEBARY, FL 32713 FL 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 1 215 1. Y. C. . . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2004 Trust Fund Contribution. Added to Fees -Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete 🔼 Change 📋 Addition TITLE TITLE MCALLISTER, PEG NAME NAME STREET-ADDRESS 74 LANTANA DR STREET ADDRESS CITY-ST-ZIP DEBARY, FL CITY-ST-ZIP Change TITI F TITLE Delete Addition NAME NATALI, LYNDA STREET ADDRESS 790 WHITE MARSH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELTONA, FL **S**ange Addition Delete TITLE TITLE SULLIVAN, VICKIE NAME NAME 59 LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP DEBARY, FL CITY-ST-ZIP TITLE Delete TITLE Change Addition FETTERS, ANN NAME STREET ADDRESS 213 BUENA VISTA STREET ADDRESS DEBARY, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 100 - 4 E - 10 F ; ☐ Delete C72 TITLE TITLE ☐ Change ☐ Addition OSIC PIESA SE NAME. STREET ADDRESS STREET ADDRESS " - " foren e. t etequammetre fer a . . . et no p. C / LE Cify-st-zip's CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 organ attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED