

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737616

FILED
Apr 28, 2005
Secretary of State

Entity Name: DEBARY HALL INC.

Current Principal Place of Business:

210 SUNRISE BLVD
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 911
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 59-1745677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DONALD B.
150 S HWY 17-92
STE 3
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

CAREY, JAMES
1582 COVERED BRIDGE DR.
DELAND, FL 32724 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: JAMES CAREY

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUNTER, PATRICIA A
Address: 219 CADDIE COURT
City-St-Zip: DEBARY, FL 32713

Title: S () Delete
Name: URCHUCK, JANA
Address: 105 GLEN CLUB COURT
City-St-Zip: DEBARY, FL 32713

Title: T () Delete
Name: EPSTEIN, MAX
Address: 22 SPRING RIDGE ROAD
City-St-Zip: DEBARY, FL 32713

Title: V () Delete
Name: DYKES, SHARON
Address: 218 CADDIE COURT
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: CAREY, JAMES
Address: 1582 COVERED BRIDGE DR.
City-St-Zip: DELAND, FL 32724

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES CAREY

T

04/28/2005

Electronic Signature of Signing Officer or Director

Date