


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003376 1. Entity Name DR. ROBERT DEERY FOUNDATION, INC.	
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Principal Place of Business 5580 PETERSON LANE STE. 250 DALLAS, TX 75240	Mailing Address 5580 PETERSON LANE STE. 250 DALLAS, TX 75240
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02252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2226622	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEERY, ROBERT DR
7177 WEXFORD WAY
PORT ST. LUCIE, FL 34986

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1100000365153
05/09/05-00029-001 61 25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD DEERY, ROBERT DR 7177 WEXFORD WAY PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEERY, LOIS 7177 WEXFORD WAY PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, NANCY 13305 LOCKSLEY LANE SILVER SPRINGS, MD 20990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEERY, REX 13549 ARGO DRIVE DAYTON, MD 21036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEERY, ROBERT W 1234 MASSACHUSETTS AVE NE #821 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEERY, JANET 6770 DUCKETTS LANE ELKRIDGE, MD 21075

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IN THIS SPACE**

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 reports 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:  **ROBERT E. DEERY, DDS** 4-29-05 772-465-625;
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #