

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

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000003376					
1. Entity Name DR. ROBERT DEERY FOUNDATION, INC.					
Principal Place of Business 5580 PETERSON LANE STE. 250 DALLAS TX 75240			Mailing Address 5580 PETERSON LANE STE. 250 DALLAS TX 75240		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 35-2226622	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEERY, ROBERT DR 7177 WEXFORD WAY PORT ST. LUCIE FL 34986				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 _____				DATE 02/18/06-80006-008 61.25	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	CPD	☐ Delete	TITLE	☐ Change	☐ Add
NAME	DEERY, ROBERT DR		NAME		
STREET ADDRESS	7177 WEXFORD WAY		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change	☐ Add
NAME	DEERY, LOIS		NAME		
STREET ADDRESS	7177 WEXFORD WAY		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	WEST, NANCY		NAME		
STREET ADDRESS	13305 LOCKSLEY LANE		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS MD 20990		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	DEERY, REX		NAME		
STREET ADDRESS	13549 ARGO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTON MD 21036		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	DEERY, ROBERT W		NAME		
STREET ADDRESS	1234 MASSACHUSETTS AVE NE #821		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20005		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	DEERY, JANET		NAME		
STREET ADDRESS	6770 DUCKETS LANE		STREET ADDRESS		
CITY-ST-ZIP	ELKRIDGE MD 21075		CITY-ST-ZIP		

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.

SIGNATURE *[Signature]* 40. 12006 273 465135