

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 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**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2226622

Applied For
Not Applicable

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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**

**DO NOT WRITE
IN THIS SPACE**

U00000752321
05/21/07-80011-017 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT E. DEERY, DDS, 4-25-07

772-4656254