

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90024 023 ****61.25

DOCUMENT # N00000003281 1. Entity Name DERAGON FAMILY FOUNDATION, INC.					
Principal Place of Business KEN & EILEEN DERAGON 11527 SAVANNAH LAKES DR. PARRISH, FL 34219			Mailing Address KEN & EILEEN DERAGON 11527 SAVANNAH LAKES DR. PARRISH, FL 34219		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3657116	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOTZEL LONG (A PROF. CORP) ATTN: JOHN PHILACANI 1200 NORTH FEDERAL HWY. STE. 420 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD DERAGON, MARY E 5387 CHAMPIONSHIP CUP LANE BROOKSVILLE, FL 34609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DERAGON MARY E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELSO, LAURA A 5387 CHAMPIONSHIP CUP LANE BROOKSVILLE, FL 34609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KELSO, LAURA A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, SANDRA 5387 CHAMPIONSHIP CUP LANE BROOKSVILLE, FL 34609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAMBERS, SANDRA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERAGON, KENNETH J 5387 CHAMPIONSHIP CUP LANE BROOKSVILLE, FL 34609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DERAGON, KENNETH J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mary E Deragon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>3/25/04</u> Daytime Phone # <u>7477761923</u>					