


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

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90073 006 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT #</b> N00000003281                           |  |
| <b>1. Entity Name</b><br>DERAGON FAMILY FOUNDATION, INC. |   |

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|--|--|
| <b>Principal Place of Business</b><br>KEN & EILEEN DERAGON<br>11527-SAVANNAH LAKES DR.<br>PARRISH FL 34219 | <b>Mailing Address</b><br>KEN & EILEEN DERAGON<br>11527 SAVANNAH LAKES DR.<br>PARRISH FL 34219 |
|--|--|



|  |   |
|--|---|
| <b>2. Principal Place of Business</b><br>972 W Skyview Landings Dr | <b>3. Mailing Address</b> 972 Skyview Landings Dr |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                               |

1st MOORE CR2E037 (10/05)

|  |   |
|--|---|
| <b>City &amp; State</b><br>HERNANDO FL | <b>City &amp; State</b><br>HERNANDO, FL |
| <b>Zip</b><br>34442                    | <b>Zip</b><br>34442                     |
| <b>Country</b><br>USA                  | <b>Country</b><br>USA                   |

|  |   |
|--|---|
| <b>4. FEI Number</b><br>59-3657116   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>BUTZEL LONG, P.C.<br>ATTN: JOHN J. RAYMOND, JR.<br>1200 NORTH FEDERAL HWY. STE. 420<br>BOCA RATON FL 33432 |
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|  |          |
|--|----------|
| <b>7. Name and Address of New Registered Agent</b> |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 Kenneth W Deragon (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                          |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|---|--|
| <b>TITLE</b><br>PSTD                                | <input checked="" type="checkbox"/> Delete | <b>TITLE</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>DERAGON, MARY E                      | <i>Deceased</i>                            | <b>NAME</b>   | <i>Deceased</i>  |
| <b>STREET ADDRESS</b><br>5387 CHAMPIONSHIP CUP LANE |  | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b><br>BROOKSVILLE FL 34609          |  | <b>CITY-ST-ZIP</b>                                    |  |
| <b>TITLE</b><br>VD                                  | <input type="checkbox"/> Delete            | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b><br>KELSO, LAURA                         |  | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b><br>13047 LASHMERE COURT       |  | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b><br>WOODBIDGE VA 22192            |  | <b>CITY-ST-ZIP</b>                                    |  |
| <b>TITLE</b><br>D                                   | <input type="checkbox"/> Delete            | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b><br>CHAMBERS, SANDRA                     |  | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b><br>3183 GLENVIEW DRIVE        |  | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b><br>AIKEN SC 29803                |  | <b>CITY-ST-ZIP</b>                                    |  |
| <b>TITLE</b><br>D                                   | <input type="checkbox"/> Delete            | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b><br>DERAGON, KENNETH J                   |  | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b><br>P.O. BOX 1096              |  | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b><br>BOLTON LANDING NY 12814       |  | <b>CITY-ST-ZIP</b>                                    |  |
| <b>TITLE</b>  | <input type="checkbox"/> Delete            | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>   |  | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                               |  | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                                  |  | <b>CITY-ST-ZIP</b>                                    |  |
| <b>TITLE</b>  | <input type="checkbox"/> Delete            | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>   |  | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                               |  | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                                  |  | <b>CITY-ST-ZIP</b>                                    |  |

**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: Kenneth W Deragon KENNETH W DERAGON 2/6/06 352-270-3441