


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90019 027 ****70.00

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| DOCUMENT # N01000003186 | | | |  | |
| 1. Entity Name THE MARIA DEWBERRY CHILDRENS FOUNDATION, INC. | | | | | |
| Principal Place of Business 124 ROBIN RD STE 1700 ALTAMONTE SPRINGS, FL 32701 | | | Mailing Address 124 ROBIN RD STE 1700 ALTAMONTE SPRINGS, FL 32701 | | |
| 2. Principal Place of Business 124 Robin Rd | | 3. Mailing Address 124 Robin Rd | | | |
| Suite, Apt. #, etc. Suite 1800 | | Suite, Apt. #, etc. Suite 1800 | | | |
| City & State Altamonte Springs, FL | | City & State Altamonte Springs, FL | | | |
| Zip 32701 | | Country USA | | Zip 32701 | |
| Country USA | | 4. FEI Number 59-3724805 | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent PRATT, JAMES R ESQ. 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | D BROWNING-SMITH, TAMMY 924 N MAPLE RD ANN ARBOR, MI 48103 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Donna Dewberry 9006 Mossy Oak Lane Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEWBERRY, JOEL 13212 VIA ROMA CIRCLE CLERMONT, FL 34711 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Marcus Dewberry 10813 Versailles Blvd Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DEWBERRY, MARC 9006 MOSSY OAK LANE CLERMONT, FL 34711 <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 | D NORTH, MARY BETH 1022 HAMILTON AVE LONGWOOD, FL 32750 <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 | D LANENGA, TERI 1500 IBIS COURT WINTER PARK, FL 32789 <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 | D DOLYA, CHRISTY 1358 CHATFIELD PLACE ORLANDO, FL 32814 <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: <i>Marc Dewberry</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 3-10-05 Date | | |
| Marc Dewberry | | | 352-394-7344 Daytime Phone # | | |