

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90362 019 \*\*\*\*70.00

**DOCUMENT # N02000004553**

1. Entity Name  
**DEVEREUX FAMILIES, INC.**



Principal Place of Business  
**C/O THE DEVEREUX FOUNDATION  
5850 T.G. LEE BLVD, STE 400  
ORLANDO, FL 32822**

Mailing Address  
**C/O THE DEVEREUX FOUNDATION  
5850 T.G. LEE BLVD, STE 400  
ORLANDO, FL 32822**

**50041332**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**02-0619609**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER, MICHAEL C  
5850 TG LEE BLVD., SUITE 400  
ORLANDO, FL 32822**

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

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, 2005**

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 PD ☐ Delete  
NAME BECKER, MICHAEL C  
STREET ADDRESS 5850 TG LEE BLVD., STE. 400  
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EDD ☐ Delete  
NAME BIDDLEMAN, MARCIE  
STREET ADDRESS 5850 TG LEE BLVD., STE. 400  
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME THOMAS, ALLEN F  
STREET ADDRESS 444 DEVEREUX-DRIVE  
CITY-ST-ZIP VILLANOVA, PA 19085

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME COLVIN, JAMES  
STREET ADDRESS 5850 TG LEE BLVD., SUITE 400  
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME BOARD MEMBER  
STREET ADDRESS DR TIM BROOKS  
CITY-ST-ZIP 1239 E. MAIN ST  
BARTOW FL 33831

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #