


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90165 022 ****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 PO Box 1017 Bartow, FL 33831	
2. Principal Place of Business 1239 E. MAIN ST Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1017 Suite, Apt. #, etc.	
City & State BARTOW, FL		City & State BARTOW, FL	
Zip 33830		Country USA	
4. FEI Number 02-0619609		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03292006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent BECKER, MICHAEL C 5850 TG LEE BLVD., SUITE 400 ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name Marcie Biddleman Street Address (P.O. Box Number is Not Acceptable) 1239 E. Main St. City Bartow FL Zip Code 33830	
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 <i>Marcie Biddleman</i>		EXECUTIVE DIRECTOR 4/11/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input checked="" type="checkbox"/> Delete	NAME BECKER, MICHAEL C	TITLE MB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Brian Strout
STREET ADDRESS 5850 TG LEE BLVD., STE. 400	CITY-ST-ZIP ORLANDO, FL 32822	STREET ADDRESS 1239 E. Main St.	CITY-ST-ZIP Bartow, FL 33830
TITLE EDD <input type="checkbox"/> Delete	NAME BIDDLEMAN, MARCIE	TITLE MB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Cherie Simmers
STREET ADDRESS 5850 TG LEE BLVD., STE. 400	CITY-ST-ZIP ORLANDO, FL 32822	STREET ADDRESS 1239 E. Main St.	CITY-ST-ZIP Bartow, FL 33830
TITLE STD <input type="checkbox"/> Delete	NAME THOMAS, ALLEN F	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 444 DEVEREUX DRIVE	CITY-ST-ZIP VILLANOVA, PA 19085	STREET ADDRESS	CITY-ST-ZIP
TITLE VD <input type="checkbox"/> Delete	NAME COLVIN, JAMES	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 5850 TG LEE BLVD., SUITE 400	CITY-ST-ZIP ORLANDO, FL 32822	STREET ADDRESS	CITY-ST-ZIP
TITLE MB <input type="checkbox"/> Delete	NAME BROOKS, DR, TIM	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 1239 E MAIN STREET	CITY-ST-ZIP BARTOW, FL 33830	STREET ADDRESS	CITY-ST-ZIP
TITLE MB <input type="checkbox"/> Delete	NAME Teri Saunders	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 1239 E. Main St.	CITY-ST-ZIP Bartow, FL 33830	STREET ADDRESS	CITY-ST-ZIP
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 <i>Marcie Biddleman</i>		Date 4/10/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARCIE BIDDLEMAN		Daytime Phone # 888 519-8900 EXT 201	