

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90095 036 \*\*\*\*61.25

60003289



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
02-0619609 Applied For  
Not Applicable

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

DOCUMENT # N02000004553

1. Entity Name  
DEVEREUX FAMILIES, INC.



Principal Place of Business  
1239 E MAIN ST  
BARTOW, FL 33830

Mailing Address  
POB 1017  
BARTOW, FL 33831

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

## 6. Name and Address of Current Registered Agent

BIDDLEMAN, MARCIE  
1239 E MAIN ST  
BARTOW, FL 33830

## 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 \_\_\_\_\_  
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, 2007**

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

TITLE	MB	<input type="checkbox"/> Delete
NAME	STROUT, BRIAN	
STREET ADDRESS	1239 E MAIN ST	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	EDD	<input type="checkbox"/> Delete
NAME	BIDDLEMAN, MARCIE	
STREET ADDRESS	5850 TG LEE BLVD., STE. 400	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, ALLEN F	
STREET ADDRESS	444 DEVEREUX DRIVE	
CITY-ST-ZIP	VILLANOVA, PA 19085	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COLVIN, JAMES	
STREET ADDRESS	5850 TG LEE BLVD., SUITE 400	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	MB	<input type="checkbox"/> Delete
NAME	BROOKS, DR, TIM	
STREET ADDRESS	1239 E MAIN STREET	
CITY-ST-ZIP	BARTOW, FL 33831	
TITLE	MB	<input type="checkbox"/> Delete
NAME	SIMMERS, CHERIE	
STREET ADDRESS	1239 E MAIN ST	
CITY-ST-ZIP	BARTOW, FL 33830	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Saunders, Teri	
STREET ADDRESS	1239 E. Main St.	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anderson, Michelle	
STREET ADDRESS	1239 E. Main St.	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGill, Margaret	
STREET ADDRESS	2012 Renaissance Blvd.	
CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE	MB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ford, Deborah	
STREET ADDRESS	1239 E. Main St.	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	EDD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Biddleman, Marcie	
STREET ADDRESS	1239 E. Main St.	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Marcie Biddleman Marcie Biddleman 813/519-8900, x201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #