

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000985

FILED  
Apr 23, 2006  
Secretary of State

**Entity Name:** MARIE PATRICE DENEGALL FUND FOR LUPUS, INC.

**Current Principal Place of Business:**

14443 SW 104 PL  
MIAMI, FL 331768809 US

**New Principal Place of Business:**

**Current Mailing Address:**

14443 SW 104 PL  
MIAMI, FL 331768809 US

**New Mailing Address:**

**FEI Number:** 65-1092209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIBSON, CHARLES A ESQ.  
4000 PONCE DE LEON BLVD STE 470  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DENEGALL, JAMES MR  
Address: 14443 S. W. 104TH PLACE  
City-St-Zip: MIAMI, FL 331768809 US

Title: V ( ) Delete  
Name: POUGH, MARRIETTA T MRS  
Address: 14841 JACKSON STREET  
City-St-Zip: MIAMI, FL 331765869 US

Title: S ( ) Delete  
Name: WRIGHT, MARCIA C MRS.  
Address: 14680 HARRISON STREET  
City-St-Zip: MIAMI, FL 331767443 US

Title: T ( ) Delete  
Name: BAILEY, ELEANOR R MRS.  
Address: 10305 S. W. 149TH TERRACE  
City-St-Zip: MIAMI, FL 33176 US

Title: D ( ) Delete  
Name: DENEGALL, JAMES MR.  
Address: 14443 S. W. 104TH PLACE  
City-St-Zip: MIAMI, FL 331768809 US

Title: D ( ) Delete  
Name: DENEGALL, PATRICIA R MRS.  
Address: 14443 S. W. 104TH PLACE  
City-St-Zip: MIAMI, FL 331768809 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA C. WRIGHT

S

04/23/2006

Electronic Signature of Signing Officer or Director

Date