

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90019 009 ****61.25

DOCUMENT # N05000009379					
1. Entity Name DBR CHARITIES, INC.					
Principal Place of Business 408 EAST RICH AVENUE DELAND, FL 32720			Mailing Address 408 EAST RICH AVENUE DELAND, FL 32720		
2. Principal Place of Business		3. Mailing Address P.O. BOX 1719			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State DELAND, FLORIDA		4. FEI Number 20-3888694	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
32721-1719		USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAILEY, WILLIAM G 408 EAST RICH AVENUE DELAND, FL 32720			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 _____ (NOTE: Registered Agent signature required when re-registering)					
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	
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	C WILLIAMS, TERRY 856 LINCOLN ROAD DELAND, FL 32724 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, GARY 205 RIVER VILLAGE DRIVE DEBARY, FLORIDA 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECHTOL, THOMAS P.O. BOX 4682 DELAND, FL 32721 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEN, DONALD 150 N. CRANOR AVENUE DELAND, FLORIDA 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAILEY, WILLIAM G 408 EAST RICH AVENUE DELAND, FL 32720 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINTZ, RICHARD 39 LYON DRIVE DELAND, FLORIDA 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUCK, JAMES 3699 CROSS BRANCH ROAD DELAND, FLORIDA 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIS, STEPHEN 4168 N. GRAND AVENUE DELAND, FLORIDA 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: WILLIAM G. BAILEY			2/01/06 386-738-4891		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		