2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N05000009379

Entity Name: DBR CHARITIES, INC.

Current Principal Place of Business:

408 EAST RICH AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1346
DELAND, FL 327211346

New Mailing Address:

FEI Number: 20-3888694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAILEY, WILLIAM G
408 EAST RICH AVENUE
DELAND, FL 32720 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: D ( ) Delete
Name: MEADOWS, GARY
Address: 205 RIVER VILLAGE DR
City-St-Zip: DEBARY, FL 32713

Title: P ( ) Delete
Name: BECHTOL, THOMAS
Address: P.O. BOX 4682
City-St-Zip: DELAND, FL 32721

Title: ST ( ) Delete
Name: BAILEY, WILLIAM G
Address: 408 EAST RICH AVENUE
City-St-Zip: DELAND, FL 32720

Title: C ( ) Delete
Name: WILLIAMS, TERRY
Address: 856 LINCOLN RD
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: WHALEN, DONALD
Address: 150 N CRANOR AVE
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: RINTZ, RICHARD
Address: 39 LYON DR
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KELTON, RUSSELL
Address: 816 WEST WISCONSIN AVENUE
City-St-Zip: DELAND, FL 32720

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: D (X) Change ( ) Addition
Name: FLOWERS, BEN
Address: 1800 MERCERS HAMMOCK COURT
City-St-Zip: DELAND, FL 32720

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM G. BAILEY ST 03/05/2009

Electronic Signature of Signing Officer or Director — Date