

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90079 014 ****70.00

DOCUMENT # N20501

1. Entity Name
THE DEBARY CIVIC ASSOCIATION, INC.



Principal Place of Business
**38 SHELL ROAD
DEBARY, FL 32713**

Mailing Address
**38 SHELL ROAD
DEBARY, FL 32713**

400000--



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0819063

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERTLER, SHARON
251 LAKEWOOD DR
DEBARY, FL 32713**

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

Sharon Pertler

Sharon Pertler

1-18-08

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
PERTLER, SHARON
25 LAKE WOOD DR
DEBARY, FL 32713** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
FRETAG, CAROL
37 WISTERA ST
DEBARY, FL 32713** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
EUSTICE, SHARON
353 OAK SPRINGS
DEBARY, FL 32713** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
GANAS, GREYCHEN E.
444 QUAIL MEADOW CT.
DEBARY, FL 32713** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MS
BRICKSON, NORM
15 AZELIA DR
DEBARY, FL 32713** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MS
CRISTY ERICKSON
15 AZELIA
DEBARY, FL 32713** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**2S
JOHNSON, ANNA
50 VOLUSIA DR
DEBARY, FL 32713** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ 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:

Sharon Pertler *Sharon Pertler*

Date

Daytime Phone #

President

1-18-07

386-668-5150