2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N20501

Entity Name: THE DEBARY CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

38 SHELL ROAD
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

38 SHELL ROAD
DEBARY, FL 32713

New Mailing Address:

FEI Number: 59-0819063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERTLER, SHARON
251 LAKEWOOD DR
DEBARY, FL 32713 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: PERTLER, SHARON
Address: 25 LAKE WOOD DR
City-St-Zip: DEBARY, FL 32713

Title: VP ( ) Delete
Name: FRETAG, CAROL
Address: 37 WISTERA ST
City-St-Zip: DEBARY, FL 32713

Title: T ( ) Delete
Name: GANAS, GRETCHEN E
Address: 444 QUAIL MEADOW CT
City-St-Zip: DEBARY, FL 32713

Title: MS ( ) Delete
Name: ERICKSON, CRISTY
Address: 15 AZELIA DR
City-St-Zip: DEBARY, FL 32713

Title: 2S ( ) Delete
Name: JOHNSON, ANNA
Address: 50 VOLUSIA DR
City-St-Zip: DEBARY, FL 32713

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 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: SHARON PERTLER PRES 01/22/2009

Electronic Signature of Signing Officer or Director — Date