

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N32772

1. Entity Name
DADS FOR BOYS INTERNATIONAL, INC.



Principal Place of Business

**%JOHN R. PYLE
P.O. BOX 2268
UMATILLA, FL 32784**

Mailing Address

**%JOHN R. PYLE
P.O. BOX 2268
UMATILLA, FL 32784**



04072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2954096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PYLE, JOHN R
14030 LAKE YALE ROAD
UMATILLA, FL 32784**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCANTS, RON
STREET ADDRESS 3203 PAINTED POST COURT
CITY-ST-ZIP EUSTIS, FL 32726

TITLE D
NAME MURPHY, JACK R
STREET ADDRESS 14030 LAKE YALE RD
CITY-ST-ZIP UMATILLA, FL

TITLE STD
NAME PAYTON, PATRICIA
STREET ADDRESS 4429 THOMAS BOAT LANDING ROAD
CITY-ST-ZIP UMATILLA, FL 32784

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

U00000239055
04/11/05-80091-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-06-05 352-669-5321