FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33170** **(4)**

1. Corporation Name

CITIZENS FOR DEBARY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 722 DEBARY FL 32713	P.O. BOX 722 DEBARY FL 32713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1989
3a. Date of Last Report: 08/22/1994
4. FEI Number: 59-2980295 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARCIA, CARSON
416 N. PINE MEADOWS DR.
DEBARY FL 32713

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CARSON, MARCIA	12 NAME	
STREET ADDRESS	416 N. PINE MEADOW DR	13 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	NADWODNY, DONNA	22 NAME	
STREET ADDRESS	226 SUNRISE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, KATHY	32 NAME	
STREET ADDRESS	50 SACKETT RD.	33 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	HARTMAN, SANDY	42 NAME	D Bill Thomas
STREET ADDRESS	405 RUTH JENNINGS DR.	43 STREET ADDRESS	403 North Pine Meadow Dr.
CITY-ST-ZIP	DEBARY FL	44 CITY-ST-ZIP	DeBary FL 32713
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RIOS, TINA	52 NAME	
STREET ADDRESS	8 SURRY RD.	53 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BROCK, WAYNE	62 NAME	
STREET ADDRESS	21 SANFORD AVE	63 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna Nadwodny 4/28/95 407 668 1431
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000092