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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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 32713-0722

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **07/10/1989**

3a. Date of Last Report: **04/17/1996**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Marcia A. Carson PRESIDENT 4-18-97
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P Marcia Carson	☐ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	CARSON, MARCIA		1.2 NAME	Marcia A. Carson	
STREET ADDRESS	416 N. PINE MEADOW DR		1.3 STREET ADDRESS	416 N. Pine Meadow Dr.	
CITY-ST-ZIP	DEBARY FL		1.4 CITY-ST-ZIP	DeBary Florida 32713	
TITLE	VT	☒ DELETE	2.1 TITLE	VT	☐ Change ☒ Addition
NAME	NADWODNY, DONNA		2.2 NAME	SHELBY DAVIS	
STREET ADDRESS	226 SUNRISE BLVD.		2.3 STREET ADDRESS	103 AMBERGLOW Ct.	
CITY-ST-ZIP	DEBARY FL		2.4 CITY-ST-ZIP	DEBARY FLA 32713	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, KATHY		3.2 NAME		
STREET ADDRESS	50 SACKETT RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, BILL		4.2 NAME		
STREET ADDRESS	403 NORTH PINE MEADOW DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	RIOS, TINA		5.2 NAME	VIRGINIA E. DAVIS	
STREET ADDRESS	8 SURRY RD.		5.3 STREET ADDRESS	103 AMBERGLOW CT.	
CITY-ST-ZIP	DEBARY FL		5.4 CITY-ST-ZIP	DEBARY, FL. 32713	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JACQUELINE VAN NUYS		6.2 NAME		
STREET ADDRESS	5 CATALINA DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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.

Marcia A. Carson 4-18-97