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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90081 044 \*\*\*\*61.25

0013001

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N33170**

1. Corporation Name

**CITIZENS FOR DEBARY, INC.**

Principal Place of Business

P.O. BOX 722  
DEBARY FL 32713

Mailing Address

P.O. BOX 722  
DEBARY FL 32713



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**07/10/1989**

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

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 Carson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-14-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PO**  
STREET ADDRESS **MARCIA A CARSON**  
CITY-ST-ZIP **416 NNN PINE MEADOW DR**  
**DEBARY FL**

TITLE ☐ DELETE  
NAME **VT**  
STREET ADDRESS **SHELBY DAVIS**  
CITY-ST-ZIP **103 AMBERGCOW CT**  
**DEBARY FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **COLEMAN, GEORGE**  
CITY-ST-ZIP **286 DE LEON RD**  
**DEBARY FL 32713**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **THOMAS, BILL**  
CITY-ST-ZIP **403 NORTH PINE MEADOW DR.**  
**DEBARY FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **VIRGINIA E DAVIS**  
CITY-ST-ZIP **103 AMBERGLOW CT**  
**DEBARY FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **JACQUELINE VAN NUYS**  
CITY-ST-ZIP **5 CATALINA DRIVE**  
**DEBARY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Marcia Carson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-14-99**

Date

**068-3835**

Daytime Phone #

CR2E037 (11/98)