

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90059 048 \*\*\*\*70.00

<b>DOCUMENT # N33170</b>		
1. Entity Name <b>CITIZENS FOR DEBARY, INC.</b>		

Principal Place of Business <b>P.O. BOX 722 DEBARY FL 32713</b>	Mailing Address <b>P.O. BOX 722 DEBARY FL 32713</b>
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2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2980295</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>MARCIA CARSON</b> <b>416 N. PINE MEADOWS DR.</b> <b>DEBARY FL 32713</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PO</b> <b>MARCIA A CARSON</b> <b>416 NNN PINE MEADOW DR</b> <b>DEBARY FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT</b> <b>FISHER, TRACY</b> <b>313 DIRKSEN DR B-15</b> <b>DEBARY FL 32713</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D. HALLAWAY</b> <b>HELLAWELL, IRENE</b> <b>360 RUTH JENNINGS DR.</b> <b>DEBARY FL 32713</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>THOMAS, BILL</b> <b>403 NORTH PINE MEADOW DR.</b> <b>DEBARY FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT</b> <b>MARTIN, MELBA</b> <b>145 LUCERNE DR</b> <b>DEBARY FL 32713</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>JACQUELINE VAN NUYS</b> <b>5 CATALINA DRIVE</b> <b>DEBARY FL</b>

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T/S</b> <b>Secretary/Treasurer</b> <b>Barbara A. Byrne</b> <b>48 Madera Rd.</b> <b>DeBary FL 32713</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MD</b> <b>Director (Managing)</b> <b>John Harvey</b> <b>61 Florida Rd.</b> <b>DeBary FL 32713</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>Volunteer Trustee</b> <b>Sue Reed</b> <b>165 DeBary Drive</b> <b>DeBary, FL 32713</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>Hallaway, Irene Trustee</b> <b>360 Ruth Jennings Dr.</b> <b>DeBary FL 32713</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>Trustee</b> <b>Martin, Melba</b> <b>145 Lucerne Dr.</b> <b>DeBary FL 32713</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>President/Director</b> <b>Marcia Carson (marcia)</b> <b>416 N. Pine meadow Dr.</b> <b>DeBary FL 32713</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(i), 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:** *Barbara A. Byrne* **Barbara A. Byrne** **02/28/04 (386) 801-6654**