



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N33170 1. Entity 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	
DO NOT WRITE IN THIS SPACE			
			
		02202005 No Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2980295		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCIA, CARSON 416 N. PINE MEADOWS DR. DEBARY, FL 32713		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 <u>Marcia A Carson</u> 4-7-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO MARCIA A CARSON 416 NNN PINE MEADOW DR DEBARY, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BYRNE, BARBARA 48 MODREA RD. DEBARY, FL 32713		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELLAWELL, IRENE 360 RUTH JENNINGS DR DEBARY, FL 32713		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REED, SUE 165 DEBANE DRIVE DEBARY, FL 32713		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR MARTIN, MELBA 145 LUCERNE DR DEBARY, FL 32713		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARSON, MARCIA 416 N. PINE MEADOW DR. DEBARY, FL 32713		
12. 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 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: <u>Marcia A Carson</u> 4-7-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			