2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-04-2006 90148 006 ****61.25

DOCUMENT # N33170

1. Entity 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

01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2980295
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	MARCIA A CARSON
STREET ADDRESS	416 NNN PINE MEADOW DR
CITY-ST-ZIP	DEBARY, FL
TITLE	ST
NAME	BYRNE, BARBARA
STREET ADDRESS	48 MODREA RD.
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	D
NAME	HELLAWELL, IRENE
STREET ADDRESS	360 RUTH JENNINGS DR
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	T
NAME	REED, SUE
STREET ADDRESS	165 DEBANE DRIVE
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	TR
NAME	MARTIN, MELBA
STREET ADDRESS	145 LUCERNE DR
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	PD
NAME	CARSON, MARCIA
STREET ADDRESS	416 N. PINE MEADOW DR.
CITY-ST-ZIP	DEBARY, FL 32713

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marcia Carson 12 April 06 (386)668-3835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #