

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N40537**

Entity Name

THE DEFUNIAK SPRINGS TURN AROUND SOCIETY, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90161 029 ****61.25

Principal Place of Business

C/O DENNIS RAY
32 CIRCLE DR.
DEFUNIAK SPRINGS FL 32433
S

Mailing Address

C/O HAZEL DAUGHETTE
P. O. BOX 262
DEFUNIAK SPRINGS FL 32435
US

1. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3043094**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAUGHETTE, HAZEL
443 SHOEMAKER
DEFUNIAK SPRINGS FL 32433

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DV	TOTTEN, BARBARA	19 CIRCLE DR	DEFUNIAK SPRINGS FL	<input type="checkbox"/>	<input type="checkbox"/>
DT	DAUGHETTE, HAZEL	443 SHOEMAKER	DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/>	<input type="checkbox"/>
S	ANDERSON, JEAN	650 CIRCLE DR	DEFUNIAK SPRINGS FL	<input type="checkbox"/>	<input type="checkbox"/>
DP	RAY, DENNIS	262 CIRCLE DR	DEFUNIAK SPRINGS FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/02 (850) 892-3228