

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

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90047 016 ****61.25

DOCUMENT # N40537

1. Entity Name

THE DEFUNIAK SPRINGS TURN AROUND SOCIETY,
INC.



Principal Place of Business

C/O DENNIS RAY
262 CIRCLE DR.
DEFUNIAK SPRINGS FL 32435
US

Mailing Address

C/O DENNIS RAY
262 CIRCLE DR.
DEFUNIAK SPRINGS FL 32435
US

54028835



MOORE

CR2E037 (11/03)

2. Principal Place of Business

262 Circle Drive

Suite, Apt. #, etc.

3. Mailing Address

262 Circle Drive

Suite, Apt. #, etc.

4. FEI Number

59-3043094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAY, DENNIS F
262 CIRCLE DR
DEFUNIAK SPRINGS FL 32435

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete
NAME TOTTEN, BARBARA
STREET ADDRESS 19 CIRCLE DR
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE DT ☒ Delete
NAME DAUGHETTE, HAZEL
STREET ADDRESS 443 SHOEMAKER
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE SD ☐ Delete
NAME ANDERSON, JEAN
STREET ADDRESS 650 CIRCLE DR
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE DP ☐ Delete
NAME RAY, DENNIS
STREET ADDRESS 262 CIRCLE DR
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *D BAKER, NELL*
STREET ADDRESS *146 OAKLAWN SQ*
CITY-ST-ZIP *DEFUNIAK Sp'gs, FL 32435*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *P/T/D*
STREET ADDRESS *RAY, DENNIS*
CITY-ST-ZIP *262 CIRCLE DRIVE*
DEFUNIAK Sp'gs, FL 32435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Dennis F. Ray* (DENNIS F. RAY)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04 (890)892-6066
Date Daytime Phone #