2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 01, 2005 8:00 am Secretary of State DOCUMENT # N40537 1. Entity Name 06-01-2005 90016 029 ****61.25 THE DEFUNIAK SPRINGS TURN AROUND SOCIETY. Principal Place of Business Mailing Address 262 CIRCLE DR. C/O DENNIS RAY DEFUNIAK SPRINGS FL 32435 262 CIRCLE DR. DEFUNIAK SPRINGS FL 32435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-3043094 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAY, DENNIS F Street Address (P.O. Box Number is Not Acceptable) 262 CIRCLE DR **DEFUNIAK SPRINGS FL 32435** City 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. Nined of publish name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D۷ TITLE TITLE Change Delete ☐ Addition TOTTEN, BARBARA NAME NAME 19 CIRCLE DR STREET ADDRESS STREET ADDRESS DEFUNIAK SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition BAKER, NELL 146 OAKIAWN SQUARE STREET ADDRESS STREET ADDRESS **DEFUNIAK SPRINGS FL 32435** CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete Change Addition ANDERSON, JEAN NAME 650 CIRCLE DR STREET ADDRESS STREET ADDRESS **DEFUNIAK SPRINGS FL** CITY-ST-ZIP CITY-ST-ZIP PTD TITLE ☐ Delete THE Change ☐ Addition RAY, DENNIS NAME NAME 262 CIRCLE DR STREET ADORESS STREET ADDRESS **DEFUNIAK SPRINGS FL 32435** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

INNIN F. RAC DENNIS F. RAC

5/24/05 (95D)892-2566

FILED