

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40537

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE DEFUNIAK SPRINGS TURN AROUND SOCIETY, INC.

Current Principal Place of Business:

262 CIRCLE DR.
DEFUNIAK SPRINGS, FL 32435 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3043094 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAY, DENNIS F
262 CIRCLE DR
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: HARDY, FAY
Address: 835 US HIGHWAY 3315
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: BAKER, NELL
Address: 146 OAKIAWN SQUARE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: SD () Delete
Name: ANDERSON, JEAN
Address: 650 CIRCLE DR
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: PTD () Delete
Name: RAY, DENNIS
Address: 262 CIRCLE DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS F. RAY

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date