

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-16-2003 90180 004 ****61.25

DOCUMENT # N40537

1. Entity Name

THE DEFUNIAK SPRINGS TURN AROUND SOCIETY, INC.



Principal Place of Business

Mailing Address

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

C/O HAZEL DAUGHETTE SAME AS
P.O. BOX 282 PRINCIPAL
DEFUNIAK SPRINGS FL 32435 PLACE OF
US BUSINESS

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

DAUGHETTE, HAZEL
443 SHOEMAKER
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name **DENNIS F. RAY**
Street Address (P.O. Box Number is Not Acceptable)
262 CIRCLE DR.
City **DEFUNIAK SPRINGS** FL Zip Code **32435**

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

Dennis F. Ray

5/14/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)

5/14/03

892-2566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)