

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90033 048 ****61.25

DOCUMENT # N94000001267					
1. Entity Name DBF MISSIONS, INC.					
Principal Place of Business 455 SCOTLAND ST DUNEDIN, FL 34698 US			Mailing Address 455 SCOTLAND ST. DUNEDIN, FL 34698 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3285280	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWE, MARGARET R 455 SCOTLAND ST. DUNEDIN, FL 34698			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 re-registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME STONE, PAUL STREET ADDRESS 2087 EDGEWATER DR., NO. C CITY-ST-ZIP CLEARWATER, FL 33755	☐ Delete		TITLE P.D NAME STONE, PAUL STREET ADDRESS 2087 EDGEWATER DR., NO. C CITY-ST-ZIP CLEARWATER, FL 33755	☒ Change ☐ Addition	
TITLE VD NAME STEUART, NEWCOMB STREET ADDRESS 1434 HAGEN AVE. CITY-ST-ZIP DUNEDIN, FL 34698	☒ Delete		TITLE VD NAME KREBS, LOIS STREET ADDRESS 2751 REGENCY OAKS BLVD., APT. R-211 CITY-ST-ZIP CLEARWATER, FL 33759	☐ Change ☒ Addition	
TITLE TD NAME ROWE, MARGARET R STREET ADDRESS 2336 SPICEWOOD CT CITY-ST-ZIP DUNEDIN, FL 34698	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE TD NAME KISTNER, CAROLYN STREET ADDRESS 462-2 LAKE VIEW DR. CITY-ST-ZIP PALM HARBOR, FL 34683	☒ Delete		TITLE SD NAME AGNEW, WELCH STREET ADDRESS 1240 WEYBRIDGE LANE CITY-ST-ZIP DUNEDIN, FL 34698	☐ Change ☒ Addition	
TITLE D NAME BAYNTON, SYLVIA STREET ADDRESS 1429 STURBRIDGE COURT CITY-ST-ZIP DUNEDIN, FL 34698	☐ Delete		TITLE D NAME BOYNTON, SYLVIA STREET ADDRESS 1429 STURBRIDGE COURT CITY-ST-ZIP DUNEDIN, FL 34698	☒ Change ☐ Addition	
TITLE D NAME DOYLE, FRANCES STREET ADDRESS 1434 HAGEN AVE CITY-ST-ZIP DUNEDIN, FL 34698	☐ Delete		TITLE D NAME DOYLE, FRANCES STREET ADDRESS 1875 BARCELONA DR. CITY-ST-ZIP DUNEDIN FL 34698	☒ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Paul R. Stone</u> PAUL R. STONE			2/8/06 (727) 385-8585		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		