2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N98000004592

Entity Name: DEBARY ART LEAGUE, INC.

Current Principal Place of Business:

37 KEEBLE AVE
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

37 KEEBLE AVE
DEBARY, FL 32713

New Mailing Address:

FEI Number: 59-3527410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABELES, DAVID E
5 WEST HIGHBANKS RD
DEBARY, FL 32713 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:	T	( ) Delete
Name:	MCRAE, CHARLES J	
Address:	388 RUTH JENNINGS DR	
City-St-Zip:	DEBARY, FL 32713	
Title:	DV	( ) Delete
Name:	SHINE, JEAN	
Address:	289 MARSHLANDING CIR.	
City-St-Zip:	DEBARY, FL 32713	
Title:	DP	( ) Delete
Name:	WILSON, SANDRA L	
Address:	37 KEEBLE AVE	
City-St-Zip:	DEBARY, FL 32713	
Title:	DM	( ) Delete
Name:	SELF, GENE W	
Address:	400 CADDIE DRIVE	
City-St-Zip:	DEBARY, FL 32713	
Title:	DV	( ) Delete
Name:	MCRAE, MARGARET A	
Address:	388 RUTH JENNIGNS DRIVE	
City-St-Zip:	DEBARY, FL 32713	
Title:	D	( ) Delete
Name:	MEREDITH, TERESITA	
Address:	375 W HIG BANKS	
City-St-Zip:	DEBARY, FL 32713	

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:	
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 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 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: CHARLES J. MCRAE T 04/27/2005
Electronic Signature of Signing Officer or Director — Date