2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# N98000004592

Entity Name: DEBARY ART LEAGUE, INC.

Current Principal Place of Business:

155 S. HWY. 17/92
SUITE B
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

155 S. HWY 17/92
SUITE B
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:

OHERRON, JANET E
3091 LYNNHAVEN ST
DELTONA, FL 32738 US

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: JANET O'HERRON 01/11/2007
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: DP ( ) Delete
Name: SMITH, SANDRA
Address: 447 INTERLACHEN CT
City-St-Zip: DEBARY, FL 32713

Title: DVS ( ) Delete
Name: KERLE, JANE
Address: 264 ADELAIDE ST
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: RUTZ, BARBARA
Address: 227 CADDIE DR
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete
Name: WILSON, SANDRA
Address: 37 KEEBLE AVE
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 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: SANDRA WILSON D 01/11/2007
Electronic Signature of Signing Officer or Director Date