

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721689 (8)

1. Corporation Name

THE GREATER DAYTONA BEACH COIN CLUB, INC.



Principal Place of Business

Mailing Address

BOX 291692
PORT ORANGE FL 32129

BOX 291692
PORT ORANGE FL 32129

3. Date Incorporated or Qualified: 09/13/1971
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2379512	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent

WYATT, CL
140 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name	WYATT, C.L.
82 Street Address (P.O. Box Number is Not Acceptable)	633 INT'L SPEEDWAY BLVD W.
83	DAYTONA BEACH FL 32114
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	LEN HAYS Sec. Recording <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVEREEM, PETE	1.2 NAME	300 MORRAY ST.
STREET ADDRESS	2280 OLD SAMSULA RD.	1.3 STREET ADDRESS	NEW SMYRNA BCH FL.
CITY - ST - ZIP	DAYTONA BEACH FL	1.4 CITY - ST - ZIP	32168
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PAUL OUTZEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, TIM	2.2 NAME	TREASURER
STREET ADDRESS	5434 SYDNEY ST.	2.3 STREET ADDRESS	2255 S. CENTRAL AVE
CITY - ST - ZIP	PORT ORANGE FL	2.4 CITY - ST - ZIP	FLAGLER BCH FL. 32136
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	1ST VICE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, CLARENCE	3.2 NAME	BOB WHISTON
STREET ADDRESS	1745 JOHN ANDERSON DR	3.3 STREET ADDRESS	1911 ORANGE TREE DR.
CITY - ST - ZIP	ORMOND BEACH FL	3.4 CITY - ST - ZIP	EDGEWATER, FL 32141
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYATT, CL	4.2 NAME	
STREET ADDRESS	140 W INTERNATIONAL SPEEDWAY BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	4.4 CITY - ST - ZIP	
TITLE	VP. <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHN, CINDY	5.2 NAME	
STREET ADDRESS	4529 NETTLE CREEK CT	5.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHR, JEFFREY	6.2 NAME	
STREET ADDRESS	4529 NETTLE CREEK COURT	6.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

3/7/96

Date

904/252/5168

Day Phone

CR2E037 (12/95)