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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721689** (8)  
1. Corporation Name  
**THE GREATER DAYTONA BEACH COIN CLUB, INC.**



Principal Place of Business <b>BOX 291692 PORT ORANGE FL 32129</b>	Mailing Address <b>BOX 291692 PORT ORANGE FL 32129</b>
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3. Date Incorporated or Qualified <b>09/13/1971</b>	
4. FEI Number <b>59-2379512</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>WYATT, CL 633 INTERNATIONAL SPEEDWAY BLVD WEST DAYTONA BEACH FL 32114</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D OVEREEM, PETE</b>
STREET ADDRESS	<b>2280 OLD SAMSULA RD.</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32124</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T OUTZEN, PAUL</b>
STREET ADDRESS	<b>2253 S. CENTRAL AVENUE A.D. Box 352856</b>
CITY-ST-ZIP	<b>FLAGLER BEACH FL Palm Coast, Fla.</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D KEFFER, CHARLES H.</b>
STREET ADDRESS	<b>BOX 291692</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P WYATT, CL</b>
STREET ADDRESS	<b>140 W INTERNATIONAL SPEEDWAY BLVD</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V WHSITON, BOB</b>
STREET ADDRESS	<b>1011 ORANGE TREE DRIVE</b>
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Elissa LaFrance</b>
STREET ADDRESS	<b>1436 Suranga Rd.</b>
CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Heard Hays</b>
1.3 STREET ADDRESS	<b>300 Murray St.</b>
1.4 CITY-ST-ZIP	<b>New Smyrna Beach, FL 32168</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Charles Richardson</b>
2.3 STREET ADDRESS	<b>2327 India Palm Dr.</b>
2.4 CITY-ST-ZIP	<b>Edgewater, FL 32141</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Paul Knudsen</b>
3.3 STREET ADDRESS	<b>141 W. International Speedway Blvd.</b>
3.4 CITY-ST-ZIP	<b>Daytona Beach, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Outzen, Paul</b>
4.3 STREET ADDRESS	<b>21 Providence Lane, Palm Coast, FL 32164</b>
4.4 CITY-ST-ZIP	<b>FL 32164</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Keffer, Charles</b>
5.3 STREET ADDRESS	<b>720 La Grange Ave, Port Orange, FL 32119</b>
5.4 CITY-ST-ZIP	<b>Orange, FL 32119</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **P E Outzen** 12/24/98 964116-2899

CR2E037 (10/97)