

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90004 006 ****61.25

DOCUMENT # 726241

1. Entity Name
2625 PLAZA MANAGEMENT CORPORATION, INC.



Principal Place of Business Mailing Address
2625 S. ATLANTIC AVE. 2625 S. ATLANTIC AVE.
DAYTONA BCH, FL 32118-5615 US DAYTONA BCH, FL 32118-5615 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1537362

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTENSEN, DICK
2625 SOUTH ATLANTIC AVENUE
DAYTONA BEACH, FL 32118

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	COALSON, HAROLD	
STREET ADDRESS	2625 SOUTH ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORG, JAMES	
STREET ADDRESS	2625 S. ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KING, DON	
STREET ADDRESS	2625 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH.SH., FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	POLLITT, RUTH	
STREET ADDRESS	2625 S ATLANTOC AVE	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PECK, HILDA	
STREET ADDRESS	2625 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH.SH., FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POPPEL, RICHARD	
STREET ADDRESS	2625 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH.SH., FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANAM, DARWIN	
STREET ADDRESS	2625 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Dick Christensen

1/16/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #