FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(6)

FILED Feb 03 1998 8:00am Secretary of State

INC.				
Principal Place of Business		Mailing Address		
P.O. BOX 2811 P.O. DAYTONA BEACH FL 32114 DA		P.O. BOX 2811 P.O. BOX 2811 DAYTONA BEACH FL 321	20	3. Date Incorporated or Qualified 05/27/1974 4. FEI Number
US		US		4. FEI Number Applied For Not Applicable
	Place of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Fee Required 6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip Country		28 Zip	Country	☐ Yes No 8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Kyes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
177/11/0	ON LARRY		81 Name	;
ATKINSON, LARRY 1200 VOLUSIA AVE.			82 Street Add	fress (P.O. Box Number is Not Acceptable)
DAYTONA BEACH FL 32115			83	
			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 provided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. CFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	PETROCK, JOE		1.2 NAME	
STREET ADDRESS	900 NORTH NOVA ROAD		1.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	Change Addition
NAME	GODDARD, JEANNE		2.2 NAME	
STREET ADORESS	225 SURF SCOOTER DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL		2. 4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ATKINSON, LARRY		3.2 NAME	
STREET ADDRESS	1200 INTERNATIONAL SPEEDV	VAY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. CITY-ST-ZIP	
TITLE	VD VALUE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WEITE JR., JAMES		4, 2 NAME	
STREET ADDRESS	2 OLD KINGS ROAD NORTH		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	☐ DÉLETE	4.4 CITY-ST-ZIP	
TITLE		☐ DETELE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME			6.2 NAME	C Grange 1 Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	_		6.4 CITY-ST-ZIP	
	ert ly that the information supplied with	this filing does not qualify t		Section 119.07(3)(i). Florida Statutes, I further certify that the information

indicated on this annual reco officer or director of the corp Block 12 or Block 13 if charin supplied with this filling does not quality for the exemption stated in Section 1130/(3)(f) Horida Statutes. Flurther certify that the informatic 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 on or the receiver or trustee empowered to secure this report as required by Chapter 617, Florida Statutes; and that my name appears in