FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763692 (1)

1. Corporation Name
EXECUTIVE ASSOCIATION OF DAYTONA BEACH, INC.

Principal Place of Business	Mailing Address
~~1474 WEST GRANADA BLVD~~ ~~SUITE 485~~ ~~ORMOND BEACH FL 32174~~ 50 Sanden Dr Ormond Beach FL 32176	1474 WEST GRANADA BLVD ~~SUITE 485~~ ~~ORMOND BEACH FL 32174~~ same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1982
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-3023144 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

COWLES, DEE
2276 BAYLESS BLVD., #3A
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DAVIS, PATTY LEE	1.2 NAME		
STREET ADDRESS	1474 WEST GRANADA BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	D	☒ Change ☐ Addition
NAME	STARK, DAVE	2.2 NAME		
STREET ADDRESS	570 S. U.S. #1	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE	P	☒ Change ☐ Addition
NAME	FRETZ, SCOTT	3.2 NAME		
STREET ADDRESS	117 BROADWAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	COWLES, DEE	4.2 NAME		
STREET ADDRESS	2276 BAYLESS BLVD #3A	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	~~NICHOLS, JUDY~~	5.2 NAME		
STREET ADDRESS	~~412 SIXTH ST.~~ Remove	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~HOLLY HILL FL 32117~~	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	IANNARELLI, ED	6.2 NAME		
STREET ADDRESS	1529 RIDGEWOOD AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117	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)(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: Scott Fretz Scott Fretz 4-19-95 (904)258-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000072B