

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763692 (1)**

1. Corporation Name  
**Executive Association of  
Daytona Beach**

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 <b>50 SANDRA DR.</b>		6-14-1982		04/27/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3023144		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 <b>ORMOND BEACH, FL</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29 <b>32176</b>		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Cowles, Dee Young 2246 Bayless Blvd Daytona Beach, FL 32114				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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 prior to filing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>Christy Cagle</b>				12 NAME			
STREET ADDRESS <b>140 S. Atlantic Ave</b>				13 STREET ADDRESS			
CITY-ST-ZIP <b>Ormond Beach, FL 32176</b>				14 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>Vice President Robert Devereaux</b>				22 NAME			
STREET ADDRESS <b>200 S. Ridgewood Ave</b>				23 STREET ADDRESS			
CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>				24 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>TREASURER Patty Underwood</b>				32 NAME			
STREET ADDRESS <b>50 Sandra Dr</b>				33 STREET ADDRESS			
CITY-ST-ZIP <b>Ormond Beach, FL 32176</b>				34 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>Secretary Scott Fretz</b>				42 NAME			
STREET ADDRESS <b>P.O. Box 49</b>				43 STREET ADDRESS			
CITY-ST-ZIP <b>Daytona Beach FL 32115</b>				44 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>Director Patty Lee Davis</b>				52 NAME			
STREET ADDRESS <b>1444 W. Granada Blvd</b>				53 STREET ADDRESS			
CITY-ST-ZIP <b>Ormond Beach FL 32174</b>				54 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>Director Dave Stark</b>				62 NAME			
STREET ADDRESS <b>540 S. U.S. #1</b>				63 STREET ADDRESS			
CITY-ST-ZIP <b>Ormond Beach FL 32174</b>				64 CITY-ST-ZIP			

14. I do 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: **Scott Fretz** **904-268-8600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)