

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # N00000004239



1. Entity Name
**THE CASEMENTS GUILD FOR THE CITY OF ORMOND
BEACH, INC.**

Principal Place of Business
**25 RIVERSIDE DR.
ORMOND BCH FL 32176**

Mailing Address
**25 RIVERSIDE DR.
ORMOND BCH FL 32176**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3658422

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HAYES, RANDAL A ESQ.
173 S. BEACH ST.
ORMOND BCH FL 32174**

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

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P/D	PEARCE, MARIAN	52 RIVERSIDE DR.	ORMOND BEACH FL 32176	<input type="checkbox"/>
VPS	ESHENAUR, CLAIRE	299 GATEWOOD CT.	ORMOND BEACH FL 32174	<input type="checkbox"/>
TD	HENDRIX, LINDA	134 DEER LAKE CIRCLE	ORMOND BEACH FL 32174	<input type="checkbox"/>
SD	WHITE, JOYCE	87 NICHOLAS COURT	ORMOND BEACH FL 32174	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

U00000046014
02/11/04-80085-019 70.00

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: Linda Hendrix Linda Hendrix 2-9-04 386-677-0310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #