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

FILED
Jun 28, 2004 8:00 am
Secretary of State
06-28-2004 90010 026 ****61.25

54059025

MOORE CR2E037 (11/03)

DOCUMENT # N01000000984

1. Entity Name

ORMOND BEACH SENIOR CENTER SHOW CLUB, INC.

Principal Place of Business	Mailing Address
351 ANDREWS STREET ORMOND BEACH FL 32174-5209	351 ANDREWS STREET ORMOND BEACH FL 32174-5209

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3699505 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROLF, TONY
711 N HALIFAX
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name J. Loyd Pottle

Street Address (P.O. Box Number is Not Acceptable) 935 Parkwood Dr.

City Ormond Beach FL Zip Code 32174

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 J. Loyd Pottle 2-26-04

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	VP BETTMAN, RALPH 24 LAKE WALDEN DR ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOWTHER, MARGO 12 SEA DRIFT TERR ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KAPLAN, JEAN 74 BRTOGE WATER LANE ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALE, ARLENE 1228 DAVID DR DAYTONA BEACH FL 32117	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director PAM CONNOR 1010 JOHN ANDERSON ORMOND BEACH, FL 32176 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLBROOK, PAT 969 DEER SPRINGS DR DAYTONA BEACH FL 32119	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director BILL GRENNON 781 LINDEN WOOD CIRCLE ORMOND BEACH, FL 32174 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSS, LINDA 135 OCEAN GROVE DR ORMOND BEACH FL 32176	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director BOB WEAVER 743 LUNA DRIVE ORMOND BEACH, FL 32176 ☑ Change ☐ Addition

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: Jean Kaplan 2-17-04 386-437-3281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #