2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006974

FILED Apr 20, 2007 Secretary of State

Entity Name: PARKINSON ASSOCIATION OF GREATER DAYTONA BEACH, INC.

Current Principal Place of Business: New Principal Place of Business:

555 W. GRANADA BLVD. ORMOND BEACH, FL 32175

STE. A-1

ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

POB 4193 P. O. BOX 4193

ORMOND BEACH, FL 32175 ORMOND BEACH, FL 32175

FEI Number: 20-0678283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STACK, MELVIN D 444 SEABREEZE BLVD SUITE 400 DAYTONA BEACH, FL 32118 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete Name:

NANCY, DAWSON VINCE, KINSLER Name: 55 KNOLLWOOD ESTATES DR Address: 555 W. GRANADA BLVD. STE. A-1 Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete Title: (X) Change () Addition CHAPMAN, ROBERT Name: CHAPMAN, ROBERT Name:

Address: 555 W GRANADA BLVD G-10 Address: 555 W. GRANADA BLVD. STE. G-10 City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete Title: (X) Change () Addition BOGOSIAN, LINDA DAWSON, NANCY Name: Name:

103 N CLYDE MORRIS BLVD 55 KNOLLWOOD ESTATES DR. Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete Title: (X) Change () Addition

LIPP, MARK Name: Name: LIPP, MARK

2300 N ATLANTIC AVE 1601 2300 N. ATLANTIC AVE. #1601 Address: Address: City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: DAYTONA BEACH, FL 32118

Title: (X) Delete Title: () Change () Addition

ANDERSON, ROBERT Name: Name: 305 CENTER ST Address: Address: ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY DAWSON S 04/20/2007