


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90020 035 ****61.25

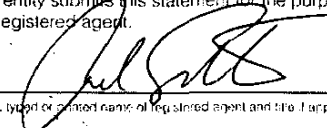
DOCUMENT # N03000006974			
1. Entity Name PARKINSON ASSOCIATION OF GREATER DAYTONA BEACH, INC.			
Principal Place of Business 555 W. GRANADA BLVD. STE. A-1 ORMOND BEACH FL 32174		Mailing Address P. O. BOX 4193 ORMOND BEACH FL 32175	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number 20-0678283		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STACK, MELVIN D 444 SEABREEZE BLVD SUITE 400 DAYTONA BEACH FL 32118		Name SCHecter, RANDAL L, JR Street Address (P.O. Box Number is Not Acceptable) 175 W. GRANADA BLVD. STE. 201 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  Randal Schecter DATE 04/22/08

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

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P VINCE, KINSLER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCE, KINSLER	NAME	
STREET ADDRESS	555 W. GRANADA BLVD. STE. A-1	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	
TITLE	C CHAPMAN, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, ROBERT	NAME	
STREET ADDRESS	555 W. GRANADA BLVD. STE. G-10	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	
TITLE	S DAWSON, NANCY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, NANCY	NAME	
STREET ADDRESS	55 KNOLLWOOD ESTATES DR.	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	
TITLE	T LIPP, MARK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPP, MARK	NAME	
STREET ADDRESS	2300 N. ATLANTIC AVE. #1601	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: x Vince Kinsler VINCE KINSLER 3/25/08 (386) 676-6375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: Page #