

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90003 007 ****61.25

DOCUMENT # N04000001889

1. Entity Name
DAYTONA BEACH COMMUNITY COLLEGE, INC.



Principal Place of Business
**1200 WEST INTERNATIONAL SPEEDWAY BLVD
DAYTONA BCH, FL 32120-2811**

Mailing Address
**1200 WEST INTERNATIONAL SPEEDWAY BLVD
DAYTONA BCH, FL 32120-2811**

50060144



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07252005

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-1211226

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BABB, BRIAN T
1200 WEST INTERNATIONAL SPEEDWAY BOULEVARD
DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25

Due by September 7, 2005

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

TITLE PS
NAME SHARPLES, D. KENT ☐ Delete
STREET ADDRESS 1200 WEST INTERNATIONAL SPEEDWAY BLVD
CITY-ST-ZIP DAYTONA BCH, FL 321202811

TITLE CD
NAME GARDNER, JAMES E ☐ Delete
STREET ADDRESS 5 MONTILLA PL
CITY-ST-ZIP PALM COAST, FL 32137

TITLE VCD
NAME DESAI, PRAMILA S ☐ Delete
STREET ADDRESS 227 FAIRWAY DR
CITY-ST-ZIP ORMOND BCH, FL 32176

TITLE D
NAME BURDEN, BEATRIZ ☐ Delete
STREET ADDRESS 168 SNOW GOOSE CT
CITY-ST-ZIP DAYTONA BCH, FL 32119

TITLE D
NAME CALLENDER, LYNNETTE J ☐ Delete
STREET ADDRESS 21 CEDARVIEW CT
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D
NAME DAVIDSON, WILLIAM H ☐ Delete
STREET ADDRESS 10 MAGNOLIA LN
CITY-ST-ZIP ORMOND BCH, FL 321749200

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Mallory, Peter E. ☐ Change ☒ Addition
NAME 629 St. Andrews Circ.e
STREET ADDRESS New Smyrna Beach, FL 32169
CITY-ST-ZIP

TITLE D Petrock, Joseph C. ☐ Change ☒ Addition
NAME 112 Pauma Valley Ct.
STREET ADDRESS Daytona Beach, FL 32114
CITY-ST-ZIP

TITLE D Paul, Mary Ann ☐ Change ☒ Addition
NAME 675 Oaktree Terrace
STREET ADDRESS DeLand, FL 32724
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

D. Kent Sharples

386.506.3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #