2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90041 048 ****61.25

DOCUMENT # N04000001889

1. Entity Name
DAYTONA BEACH COMMUNITY COLLEGE, INC.

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

Accounts Payable

01112007 Chg-NP CR2E037 (12/06)

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

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	7. Name and Address of New Registered Agent
BABB, BRIAN T 1200 WEST INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH, FL 32114	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 May 1, 2007

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	PS SHARPLES, D. KENT 1200 WEST INTERNATIONAL SPEEDWAY BLVD DAYTONA BCH, FL 321202811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PETROCK, JOSEPH C. 112 Pauma Valley Ct. Daytona Beach, FL 32114	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALLORY, PETER E 629 ST. ANDREWS CIR NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, JOHN 11A Buckskin Lane Ormond Beach, FL 32174	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD DESAI, PRAMILA S 227 FAIRWAY DR ORMOND BCH, FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOSSEINI, FOROUGH B. 1116 Oxbridge Lane Ormond Beach, FL 32174	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURDEN, BEATRIZ 168 SNOW GOOSE CT DAYTONA BCH, FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JOHN 11 Magnolia Lane Ormond Beach, FL 32174	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALLENDER, LYNNETTE J 21 CEDARVIEW CT PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, MARY G. 1051 Ocean Shore Blvd. #805 Ormond Beach, FL 32174	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIDSON, WILLIAM H 10 MAGNOLIA LN ORMOND BCH, FL 321749200	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #