
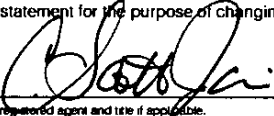



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90254 034 ****70.00

DOCUMENT # N06000006340					
1. Entity Name DAYTONA BEACH ELECTRICAL JOINT APPRENTICESHIP AND TRAINING COMMITTEE, INC.					
Principal Place of Business 790 COMMONWEALTH BLVD. PORT ORANGE, FL 32129		Mailing Address 790 COMMONWEALTH BLVD. PORT ORANGE, FL 32129			
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 59-0916698	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JARVIS, C. SCOTT 790 COMMONWEALTH BLVD. PORT ORANGE, FL 32129			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 		1-4-07		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, CLIFF		NAME	EATON, CLIFF	
STREET ADDRESS	2189 NORTH U.S. #1		STREET ADDRESS	2189 NORTH U.S. #1	
CITY-ST-ZIP	TITUSVILLE, FL 32798		CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, STEVE		NAME		
STREET ADDRESS	5901 S. WILLIAMSON BLVD		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32128		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOLZ, TYLER		NAME	MORRIS, SELINA	
STREET ADDRESS	PO. BOX 214178		STREET ADDRESS	1016 CALLE GRANDE	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32121		CITY-ST-ZIP	ORMOND FL 32174	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERY, DAVID		NAME	EMERY, DAVID	
STREET ADDRESS	P.O. BOX 978		STREET ADDRESS	P.O. BOX 978	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, TY		NAME		
STREET ADDRESS	P.O. BOX 238285		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32123		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERSTREET, BYRON		NAME	OVERSTREET, BYRON	
STREET ADDRESS	2189 NORTH U.S. #1		STREET ADDRESS	2189 NORTH U.S. #1	
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP	TITUSVILLE, FL 32796	
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 817, 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: 		1-4-07		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	