
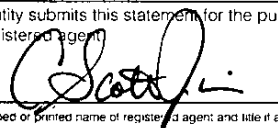
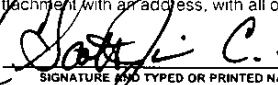


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90073 027 ****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		4. FEI Number 59-0916698	
Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32127	Country	Zip 32127	Country	01082008 Chg-NP CR2E037 (12/06)	
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 32127			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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  C. SCOTT JARVIS			1-10-08		DATE
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, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	EATON, CLIFF	
NAME	EATON, CLIFF	NAME	EATON, CLIFF	2189 NORTH U.S. #1	
STREET ADDRESS	2189 NORTH U.S. #1	STREET ADDRESS	2189 NORTH U.S. #1	TITUSVILLE, FL 32796	
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP	TITUSVILLE, FL 32796		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	AUNT, DANIEL	
NAME	WILLIAMS, STEVE	NAME	AUNT, DANIEL	5901 S. WILLIAMSON BLVD.	
STREET ADDRESS	5901 S. WILLIAMSON BLVD	STREET ADDRESS	5901 S. WILLIAMSON BLVD.	PORT ORANGE, FL 32128	
CITY-ST-ZIP	PORT ORANGE, FL 32128	CITY-ST-ZIP	PORT ORANGE, FL 32128		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MORRIS, SELINA	
NAME	MORRIS, BELINA	NAME	MORRIS, SELINA	1016 CALLE GRANDE	
STREET ADDRESS	1016 CALLE GRANDE	STREET ADDRESS		ORMOND, FL 32174	
CITY-ST-ZIP	ORMOND, FL 32174	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	FARMER, DAVID	
NAME	EMERY, DAVID	NAME	FARMER, DAVID	1700 S. SEGRAVE ST.	
STREET ADDRESS	P.O. BOX 978	STREET ADDRESS	1700 S. SEGRAVE ST.	S. DAYTONA FL 32119	
CITY-ST-ZIP	BUNNELL, FL 32110	CITY-ST-ZIP	S. DAYTONA FL 32119		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	COBB, TY	NAME			
STREET ADDRESS	P.O. BOX 238285	STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE, FL 32123	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	OVERSTREET, BYRON	
NAME	OVERSTREET, BYRON	NAME	OVERSTREET, BYRON	2189 NORTH U.S. #1	
STREET ADDRESS	2189 NORTH U.S. #1	STREET ADDRESS	2189 NORTH U.S. #1	TITUSVILLE FL 32796	
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 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  C. SCOTT JARVIS			1-10-08		386-322-6236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #