

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
95 JUN 15 AM 11:47

DOCUMENT # N47822 (4)

1. Corporation Name
DELAND AREA CRUISERS, INC.

Principal Place of Business Mailing Address
P.O. BOX 1613 P.O. BOX 1613
DELAND FL 32721-1613 DELAND FL 32721-1613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/09/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3118742** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**TEAL, MICHAEL S.
114 W. RICH AVENUE
DELAND FL 32720**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	CLARK, BETTY
STREET ADDRESS	830 S WOODWARD AVE
CITY - ST - ZIP	DELAND FL
TITLE	PD
NAME	PETERSON, RICHARD
STREET ADDRESS	1539 HAYDEN STREET
CITY - ST - ZIP	DELAND FL
TITLE	SD
NAME	SIDDAWAY, SUE
STREET ADDRESS	744 W. MINNESOTA AVENUE
CITY - ST - ZIP	DELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Clark, Betty	
13 STREET ADDRESS	830 S Woodward Ave	
14 CITY - ST - ZIP	DeLand FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Barbara Montgomery	
33 STREET ADDRESS	695 E. Kicklighter Rd.	
34 CITY - ST - ZIP	Lake Helen, FL 32744	
41 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Reid, David	
43 STREET ADDRESS	34 N Palm Ave.	
44 CITY - ST - ZIP	DeLand, FL 32724	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/95
(Date)

904-736-1990
(Toll-Free #)

CR2E037 (3/95)