FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N47822

(4)

DELAND AREA CRUISERS, INC.

Principal Place of Business Mailing Address									
						F CONTRACTOR OF DESIGNATION OF THE CONTRACTOR OF	18 1 WIWIL WID:	4 BIBN 918N 911	DIE BEREIT PREI
P.O. BOX 1613 DELAND FL 327	21-1613	P.O. BOX 1613 DELAND FL 32721-1613							
						3. Date Incorporated or Qualified 03/09/1992	3a . Da	ite of Last Re 07/01/199	eport
2. Principal Pl	ace of Business	2a. Mailing Address	⊢			4. FEI Number 59-3118742	Applied For Not Applicable		
Suite, Apt 1	w, etc.	Suite, Apt. #, etc.				Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State)	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip				intry		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81	Name				
TEAL, MICHAEL S. 114 W. RICH AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptable)				
	FL 32720								
				84	City		FL	85 Zip (
11. Pursuant t office or re agent. Lar	o the provisions of Sections 617.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 617.1508, Florida State of Florida Such change wilgations of, Section 617.0503	tatutes, the a vas authorize 3, Florida Sta	bove d by tutes	i-named coi the corpora	rporation submits this statement for the pation's board of directors. I hereby acceptions	urpose of at the app	changing its ointment as	s registered registered
SIGNATURE _	4431100100100100								
12.	Signature, typod or printed name of registered agent and title if approable. (NOTE: Registere OFFICERS AND DIRECTORS 13.			d Age	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTOR	S IN 12
TITLE	\$D	DELETE		TLE		TIDDITION OF THE COURT OF THE C		Change	Addition
NAME	CLARK, BETTY		1.2 N						
STREET ADDRESS	830 S. WOODWARD AVE.				ADORESS				
CITY-S1-ZIP			ITY-SI						
TIBLE	PD	DELETE			<u>' • " </u>			Change	Addition
NAM'E	PETERSON, RICHARD		2.2 N	AME					
STREET ADDRESS	1539 HAYDEN STREET		2.3 \$	2.3 STREET ADDRESS					
CITY - ST - 7(P	DELAND FL		2.41	DITY-S	ST-ZIP				
TITLE	TD	DELETE						Change	Addition
NAME	MONTGOMERY, BARBARA		3.2 N	AME					
STREET ADDRESS	695 E. KICKLIGHTER ROAL)	3.3 \$	TAEET	ADDRESS				1
CiTY-S1-ZIP	LAKE HELEN FL		3.4.1	CITY-S	ST-ZIP				
TITLE	VD	DELETE	4.1 T	ITLE				Change	Addition
NAME	MEYERS, BARRY		4. 2 1	NAME					
STREET ADDRESS	105 N CARPENTER AVE		4.3 S	TREET	ADDRESS				
CITY-ST-ZIP	ORANGE CITY FL			ITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 T	ITLE				Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP				ITY-S	T-ZIP				
TITLE		DELETE	6.1 7	ITLE				Change	Addition
NAME			6.2 %	AME					
STREET ADDRESS	6.		6.3 5	6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 (ITY - S	T-ZIP				

14. I do 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 annual report or supplemental ennual 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: FILMS A. PETERSON
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-97

904-736-1990 Daytime Phone # 0013480

FILED

Mar 03 1997 8:00am

Secretary of State

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