

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N47822

Entity Name: DELAND AREA CRUISERS, INC.

Current Principal Place of Business:

P.O. BOX 1613
DELAND, FL 327211613

New Principal Place of Business:

1229 SPRING GARDEN RANCH ROAD
DELEON SPRINGS, FL 32130

Current Mailing Address:

P.O. BOX 1613
DELAND, FL 327211613

New Mailing Address:

FEI Number: 59-3118742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, JEFFERY
120 E GEORGIA AVE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CLARK, BETTY
Address: 830 S. WOODWARD AVE.
City-St-Zip: DELAND, FL 32720

Title: PD () Delete
Name: ISAAC, JOHN
Address: 1229 SPRING GARDEN RANCH RD.
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: VD () Delete
Name: VANZANT, LARRY
Address: 2011 PENNSYLVANIA DR
City-St-Zip: DELAND, FL 32724

Title: TD () Delete
Name: PARSONS, JOHN
Address: 3003 TURTLE DOVE TRAIL
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PARSONS

TD

01/07/2009

Electronic Signature of Signing Officer or Director

Date