**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: $305)**

NONPROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
1995 JUL 27 AM 10: 18
TALLAHASSEE, FLORIDA

# DOCUMENT # N93000004872 (8)

1. Corporation Name
**GREATER DAYTONA BEACH BUSINESS GUILD, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 801 N PENINSULA DR<br>DAYTONA BEACH FL 32118 | P O BOX 3148<br>DAYTONA BEACH FL 32118 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 08/25/1994
4. FEI Number: 59-3261309 ☐ 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 | 26 P.O. Box 263148 |
| Suite, Apt. #, etc 22 | Suite, Apt. #, etc 27 |
| City & State 23 | City & State 28 Daytona Beach, FL |
| Zip 24 Country 25 | Zip 29 32118 Country 30 |

**9. Name and Address of Current Registered Agent**

VAN ALLEN, RUSSELL J.
2967 SOUTH ATLANTIC
SUITE 903
DAYTONA BEACH SHORES FL 32118

**10. Name and Address of New Registered Agent**

81 Name: Grady Hatchett
82 Street Address (P.O. Box Number is Not Acceptable): 1906 N. Halifax Dr.
83
84 City: Daytona Beach FL 85 Zip Code: 32118

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 Grady Hatchett Grady Hatchett 7/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PSD | 1 1 TITLE | President (P/D) ☒ Change ☐ Addition |
| NAME | GREEN, SCOTT | 1 2 NAME | James Camp |
| STREET ADDRESS | 3513 SOUTH ATLANTIC | 1 3 STREET ADDRESS | 801 N. Peninsula Dr. |
| CITY-ST-ZIP | DAYTONA BEACH SHORES FL | 1 4 CITY-ST-ZIP | Daytona Beach, FL 32118 |
| TITLE | VD | 2 1 TITLE | Vice President (V/D) ☒ Change ☐ Addition |
| NAME | COSCIA, GEORGE | 2 2 NAME | Karen Rothfuss |
| STREET ADDRESS | 153 WOODCOCK | 2 3 STREET ADDRESS | 111 N. Halifax Dr. |
| CITY-ST-ZIP | DAYTONA BEACH FL | 2 4 CITY-ST-ZIP | Daytona Beach, FL 32118 |
| TITLE | T | 3 1 TITLE | Secretary (S/D) ☐ Change ☒ Addition |
| NAME | LONG, TONI | 3 2 NAME | Grady Hatchett |
| STREET ADDRESS | 1224 SOUTH PENINSULA | 3 3 STREET ADDRESS | 1906 N. Halifax Dr. |
| CITY-ST-ZIP | DAYTONA BEACH FL | 3 4 CITY-ST-ZIP | Daytona Beach, FL 32118 |
| TITLE | | 4 1 TITLE | Treasurer (T/D) ☒ Change ☐ Addition |
| NAME | | 4 2 NAME | Joel Wilder |
| STREET ADDRESS | | 4 3 STREET ADDRESS | 5994 Woodpoint Terrace |
| CITY-ST-ZIP | | 4 4 CITY-ST-ZIP | Port Orange, FL ~~3214~~ 32124 |
| TITLE | | 5 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5 2 NAME | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5 4 CITY-ST-ZIP | |
| TITLE | | 6 1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6 2 NAME | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6 4 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 119.07(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: Joel M. Wilder Joel M. Wilder 7/15/95 904-672-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)

0001301