

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90143 028 ****61.25

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DOCUMENT # N05482

1. Corporation Name

CITIZENS FOR ORMOND BEACH, INC.

Principal Place of Business

55 E GRANADA BLVD
P.O. BOX 31
ORMOND BEACH FL 32175

Mailing Address

55 E GRANADA BLVD
P.O. BOX 31
ORMOND BEACH FL 32175



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/04/1984

4. FEI Number

59-2432976

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

9. Name and Address of Current Registered Agent

JENNER, JOAN G
11 PINE VALLEY CR
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name PD
JAMES PRIVETT

82 Street Address (P.O. Box Number is Not Acceptable)
215 GROVE ST

83

84 City ORMOND BEACH FL 85 Zip Code 32174

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

JAMES PRIVETT

JAMES PRIVETT PRESIDENT CFOB, INC.

DATE

2/3/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MANN, BILL
STREET ADDRESS 1210 PARKSIDE DR
CITY-ST-ZIP ORMOND BEACH FL 32174-3943

TITLE VPD
NAME MCCALLEN, MERCEDES
STREET ADDRESS 3301 JOHN ANDERSON DR
CITY-ST-ZIP DORMOND BEACH FL 32176-2209

TITLE TD
NAME PARKERSON, JOHN
STREET ADDRESS 110 N BEACH ST
CITY-ST-ZIP ORMOND BEACH FL 32174-5604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME JAMES PRIVETT
1.3 STREET ADDRESS 215 GROVE ST
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

2.1 TITLE VPD
2.2 NAME MCCALLEN, MERCEDES
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-5-99 (804) 672 3528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)