

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90128 047 ****61.25

DOCUMENT # N05482

1. Entity 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

40048078



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2432976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, LAURA
59 AMSDEN RD
ORMOND BEACH, FL 32176

Name **BRIAN DALY**

Street Address (P.O. Box Number is Not Acceptable)

156 MAGNOLIA DRIVE

City **ORMOND BEACH**

FL

Zip Code **32176**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brian W. Daly

3/10/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAVERSTROM, PER	
STREET ADDRESS	107 CYPRESS GROVE LANE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PRESS, RITA	
STREET ADDRESS	875 WILMETTE AVE., APT 714	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOSSON, BEVERLY	
STREET ADDRESS	55 COQUINA RIDGE WAY	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MATHIESON, PEGGY	
STREET ADDRESS	1476 PECOS DR	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN DALY	
STREET ADDRESS	156 MAGNOLIA DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN NAVE	
STREET ADDRESS	114 MAIN TRAIL	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA PRESS	
STREET ADDRESS	875 WILMETTE AVE APT 714	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINNY TURNER	
STREET ADDRESS	1541 HARMONY AVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

(386) 547-0797

Date

Daytime Phone #