

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

06-21-2006 90002 038 ****61.25

DOCUMENT # 714712 1. Entity Name DAYTONA PLAYHOUSE, INC.					
Principal Place of Business 100 JESSAMINE BLVD DAYTONA BEACH, FL 32118			Mailing Address 100 JESSAMINE BLVD DAYTONA BEACH, FL 32118		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RODICK, PAULINE 1315 WANDERING OAKS DR ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DOTY, JERRY 1415 N. GRANDVIEW DAYTONA BEACH, FL 32118 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 349 FLUSHING AVE DAYTONA BEACH, FL, 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA RODICK, PAULINE 1315 WANDERING OAKS DR ORMOND BEACH, FL 32174 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIMSEY, ROBERT 743 LUNA DRIVE ORMOND BEACH, FL 32176 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PRESIDENT ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRILE, DAN 1416 SUWANNEE RD DAYTONA BEACH, FL 32114 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KALAYDJIAN, LINDA 784 PENINSULA DR ORMOND BEACH, FL 32174 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARLAND, BARBIE 708 PINE FOREST TRAIL E. PORT ORANGE, FL 32127 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: PAULINE RODICK 6/16/06 386-255-2431 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					