

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

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



03102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

DALY, BRIAN
156 MAGNOLIA DR
ORMOND BEACH, FL 32176

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DALY, BRIAN
STREET ADDRESS 156 MAGNOLIA DR
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE VPD
NAME NAVE, BRIAN
STREET ADDRESS 414 MAIN TRL
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE T
NAME PRESS, RITA
STREET ADDRESS 875 WILMETTE AVE APT 714
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE S
NAME TURNER, GINNY
STREET ADDRESS 1541 HARMONY AVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000666473
03/23/07-80071-013 61.25

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IN THIS SPACE**

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: *Rita Press*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 2007

Date

386-673-9503

Daytime Phone #