

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004245

**Entity Name:** DAYTONA TURKEY RUN, INC.**Current Principal Place of Business:**2050 BRIAN AVE  
DAYTONA BEACH, FL 32119**Current Mailing Address:**2050 BRIAN AVE  
DAYTONA BEACH, FL 32119**FEI Number:** 26-0160573**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FINZER, RICHARD  
2050 BRIAN AVE  
DAYTONA BEACH, FL 32119 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name SAVAGE, DEBBIE  
Address 23 BROOK CREST WAY  
City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER, DIRECTOR  
Name VANLANCKER, L.J.  
Address 15 N ST ANDREWS DR  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR, COO  
Name FINZER, RICHARD  
Address 2050 BRIAN AVE  
City-State-Zip: DAYTONA BEACH FL 32119

Title V P, DIRECTOR  
Name ARAUJO, EILEEN  
Address 90 FRANKFORTH LN  
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR  
Name TEEHAN, PAT  
Address 1316 ROYAL PALM DR  
City-State-Zip: EDGEWATER FL 32132

Title DIRECTOR  
Name SARJEANT, STUART  
Address 2125 SPRUCE CREEK CIR  
City-State-Zip: PORT ORANGE FL 32128

Title PRESIDENT  
Name STRUB, LYNN  
Address 716 HAWKE RIDGE RD  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name HOPES, OLIN  
Address 1294 COUNTRY RD  
City-State-Zip: PORT ORANGE FL 32129

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD FINZER****COO****01/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | JOHNSON, TERRY      |
| Address         | 7 WOODSTON          |
| City-State-Zip: | PALM COAST FL 32164 |