

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90409 048 \*\*\*\*61.25

**DOCUMENT # 708486**

1. Entity Name  
**LOUTTIT MANOR, INC.**



Principal Place of Business  
**229 SO RIDGEWOOD AVE  
DAYTONA BEACH FL 32114-4334**

Mailing Address  
**229 SO RIDGEWOOD AVE  
DAYTONA BEACH FL 32114-4334**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-1163560**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, DORA  
37 TREETOP CIR.  
ORMOND BCH. FL 32074**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BAGGETT, W B</b>	
STREET ADDRESS	<b>188 PALM SPARROW CT.</b>	
CITY-ST-ZIP	<b>DAYTONA BCH. FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HAMILTON, ALFRED</b>	
STREET ADDRESS	<b>P.O. BOX 950 (N/A)</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32115</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SLAUGHTER, KYLE</b>	
STREET ADDRESS	<b>505 RIVERSIDE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH, FL 00000</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TRELOOR, H.S.B.</b>	
STREET ADDRESS	<b>7 ELIZABETH LANE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LITTLE, DOUGLAS</b>	
STREET ADDRESS	<b>3 LA COSTA CT</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRUITT, RICHARD</b>	
STREET ADDRESS	<b>115 COUNTRY CLUB DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rev. James Taylor</b>	
STREET ADDRESS	<b>9 Southern Pine Trail</b>	
CITY-ST-ZIP	<b>ORMOND Beach FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James A. Ritchey</b>	
STREET ADDRESS	<b>108 Kings Point Ct.</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32119</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S. Owen Zubank</b>	
STREET ADDRESS	<b>156 MALLARD Lane</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32119</b>	
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 exemption stated in Section 119.07(3)(i), 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]* **Y-9-D3 386-255 3737**

CR2E037 (10/02)