FILED Apr 13, 2004 8:00 am Secretary of State

04-13-2004 90036 037 ****61 25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

	ANNUAL REPORT				04-13-2004 90036 037 ****61.25			
	MENT # 709023		Se THE					
1. Entity Name THE CHA	e MBER; DAYTONA BEACH &	HALIFAX AREA	X AREA		242			
		Mailing Address			2404	10614	•	
126 E ORANGE AVE. P.O. BOX 2475 DAYTONA BEACH, FL 32114-4406		126 E ORANGE AVE. P.O. BOX 2475 DAYTONA BEACH, FL 32114-4406		 		10 sen 1110 sen	181 BL 1831	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc. – – – – – – – – – – – – – – – – – – –		Suite, Apt. #, etc		01232004 C	01232004 Chg-NP CR2E037 (10/03)			
City & State		City & State		4. FEI Number 59-021599	0	1	plied For Applicable	
Zip	Country	Zip	Country -	5. Certificate of St	atus Desired 📋	\$8.75 Addi	itional	
	6. Name and Address of Current Re	gistered Agent		7. Name and Add	ress of New Registered	Agent		
MIRABAL,	GEORGE		Name		-			
126 E ORANGE AVE. DAYTONA BEACH, FL 32114		Street Address		idress (P.O. Box Number is i	(P.O. Box Number is Not Acceptable)			
2.		· .			· · · · · · · · · · · · · · · · · · ·			
Ť.		City			/ FL Zip Code			
Filing Fee is \$61.25 Due by May 1, 2004 Signature, word or printed name of registered agent and little if applicable. (NOTE: Registered Agent and little if applicable. (NOTE: Registered Agent and little if applicable. Trust Fund Contribution				\$5.00 May Be Added to Fees	\$5.00 May Be Make check payable to			
10,	OFFICERS AND DIRE	CTORS	11,	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MIRABAL, GEORGE 126 EAST ORANGE AVE DAYTONA BEACH, FL 32114	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	PD Thigpen, Bobby 126 E Orange A Daytona Beach	/ Ave.	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARE, PAUL 126 EAST ORANGE AVE DAYTONA BEACH, FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILTHORPE, KATHY 126 EAST ORANGE AVE DAYTONA BEACH, FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
-TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition	
CITY-ST-ZIP TITLE NAME	-	☐ Delete	CITY-ST-ZIP TITLE NAME			☐ Change	Addition	
STREET ADORESS CITY-ST-ZIP	,		STREET AODRESS CITY-\$7-ZIP					
indicated	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee empore	wie and accurate and that my	sionaliire shall r	iava ina same legal effect as	i i made inder oath: that	i am an oilicer	rordirector	