

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710629 (7)

1. Corporation Name

THE ORMOND ANCHORS CHASERS, INC.



Principal Place of Business

Mailing Address

**4 KATRINAS DR.
ORMOND BEACH FL 32174**

**4 KATRINAS DR.
ORMOND BEACH FL 32174**

3. Date Incorporated or Qualified

03/29/1966

3a. Date of Last Report

05/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SERBOUSEK, DON
1635 MORAVIA AVE.
HOLLY HILL FL 32117**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
CONLEY, DAVID**
STREET ADDRESS **225 SANDBY CIRCLE**
CITY-ST-ZIP **SOUTH DAYTONA FL**

TITLE ☐ DELETE

NAME **VD
TURNER, JIM**
STREET ADDRESS **2620 QUEEN PALM DRIVE**
CITY-ST-ZIP **EDGEWATER FL**

TITLE ☐ DELETE

NAME **SD
CZUL, ERNIE**
STREET ADDRESS **4 N. VENETIAN WAY**
CITY-ST-ZIP **PORT ORANGE FL 32117**

TITLE ☐ DELETE

NAME **TD
MORRIS, CLIFFORD**
STREET ADDRESS **4 KATRINAS DR.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ DELETE

NAME **D
LANE, JOHN**
STREET ADDRESS **2609 PENINSULA DR.**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE ☐ DELETE

NAME **D
SERBOUSEK, DON**
STREET ADDRESS **1635 MORAVIA AVE.**
CITY-ST-ZIP **HOLLY HILL FL 32117**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

NORRIS, CLIFFORD

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Clifford S. Norris

CLIFFORD S. NORRIS

4/4/96

(904) 676-0140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)