**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $295)**

NONPROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:17

DOCUMENT # **714712** **(7)**

1. Corporation Name
**DAYTONA PLAYHOUSE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 100 JESSAMINE BLVD<br>DAYTONA BEACH FL 32118 | 100 JESSAMINE BLVD<br>DAYTONA BEACH FL 32118 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1968
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-0828616 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

DYER, ERNESTINE
302 ZELDA BLVD
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name: ALLISON, DOROTHY
82 Street Address (P.O. Box Number is Not Acceptable): 3 WILLOW DRIVE
83
84 City: PALM COAST FL 85 Zip Code: 32137

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] DATE: 6/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HEFLIN, ANNE | 12 NAME | |
| STREET ADDRESS | 55 VINING COURT #218 | 13 STREET ADDRESS | N.C. |
| CITY-ST-ZIP | ORMOND BEACH FL | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | WILCOX, PAT | 22 NAME | |
| STREET ADDRESS | REGENCY PLAZA #802 | 23 STREET ADDRESS | N.C. |
| CITY-ST-ZIP | ORMOND BEACH FL | 24 CITY-ST-ZIP | |
| TITLE | S | 31 TITLE | ☑ Change ☐ Addition |
| NAME | FOLEY, ANN | 32 NAME | SD MURRAY, LOUISE |
| STREET ADDRESS | 319 ACACIA DRIVE | 33 STREET ADDRESS | 58 RIVOCEAN DR. |
| CITY-ST-ZIP | HARBOR OAKS FL | 34 CITY-ST-ZIP | ORMOND BEACH, FL |
| TITLE | PD | 41 TITLE | ☑ Change ☐ Addition |
| NAME | DYER, ERNIE | 42 NAME | PPD |
| STREET ADDRESS | 302 ZELDA BLVD | 43 STREET ADDRESS | BALANCE SAME |
| CITY-ST-ZIP | DAYTONA BEACH FL | 44 CITY-ST-ZIP | |
| TITLE | PPD | 51 TITLE | ☑ Change ☐ Addition |
| NAME | VAUGHN, RICHARD | 52 NAME | PD ALLISON, DOROTHY |
| STREET ADDRESS | 956 GINGER CIRCLE | 53 STREET ADDRESS | 3 WILLOW DRIVE |
| CITY-ST-ZIP | ORMOND BEACH FL | 54 CITY-ST-ZIP | PALM COAST, FL |
| TITLE | T | 61 TITLE | ☑ Change ☐ Addition |
| NAME | ALLISON, DOROTHY G | 62 NAME | TD BAKER, JOHN |
| STREET ADDRESS | 728 HUNT CLUB TR. | 63 STREET ADDRESS | 905 N. HALIFAX DR. |
| CITY-ST-ZIP | PORT ORANGE FL | 64 CITY-ST-ZIP | DAYTONA BEACH, FL |

CR2E037 (3/95)

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)(i), 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: [signature] 6/17/95 904/253-2901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dorothy G. Allison, President

0001409