FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 714712

(7)

DAYTONA PLAYHOUSE, INC.								
Principal Place	e of Business	Mailing Address			}	AET BARA DIBA DIBA ETA		
100 JESSAMINE BLVD 100 JESSAMINE BLVI								
DATIONA BI	EACH FL 32118	DAYTONA BEACH FL	32118		3. Date Incorporated or Qualified	3a. Date of Las	t Report	
					06/04/1968	06/22/		
<del>_</del>	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
Suite, Apt.	#. etc	Suite, Apt. #, etc.			59-0828616		Not Applicable	
22		27	<del> </del>		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	ө	City & State			6. Election Campaign Financing	\$5.0	00 May Be	
Zip	Country	<b>28</b> Zip	Country		Trust Fund Contribution		ed to Fees	
24	25	29	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81	Name	MAN H BAKER	IR		
	n, dorothy		82	Street Addr	ess (P.O. Box Number is Not Acceptable			
3 WILLOW DRIVE			83	93	IOHN H. BAKER UR dress (P.O. Box Number is Not Acceptable) 3.5 N. HALIFAX #210			
PALMEL	DAST FL 32137			. DA	Y TONA BEACH, H	<del>-</del> 2		
			84	City	,,,,,,,,,,,,	FI 85 -Z	ip Code 2//8	
11. Pursuant t	to the provisions of Sections 617,050	2 and 617.1508, Florida Statu	tes, the above-na	med corpor	ation submits this statement for the purpo	neo of chancing ite.	reguetered office	
or register	red agent, er both, in the State of Flor th, and accept the obligations of Sec	rida. Such change was authori;	zed by the corpo	ration's boar	rd of directors. Thereby accept the appoin	itment as registered	d agent. I am	
SIGNATURE	Jalm H	soku h			~	/18/96	, }	
	Signature product or printed name of registered ager	nt and title if applicable. (N	OTE: Registered Agent	signature required	7 W-0-1 Birlstan Kil	- UACIE		
TITLE	VP OFFICERS AIT	ND DIRECTORS	13. 1.1 TOLE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	JRS IN 12	
NAME	HEFLIN, ANNE	Ш	1.2 NAME				//ooi.ion	
STREET ADDRESS	55 VINING COURT #218		1.3 STREET A	DDRESS				
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP					
TITLE	VD □DELETE		2 1 TITLE			☐ Change	Addition	
NAME	WILCOX, PAT		2 2 NAME					
STREET ADDRESS	REGENCY PLAZA #802 ORMOND BEACH FL		2 3 STREET ADDRESS					
CITY-ST-ZIP TITLE	SD DELETE		2 4 CITY-ST 3.1 TITLE	- ZIP		☐ Change	Addition	
NAME	MURRAY, LOUISE		3.2 NAME					
STREET ADDRESS	58 RIVOCEAN DRIVE		3.3 STREET A	DDRESS				
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST	- ZIP				
TITLE	PPD DELETE		4.1 TITLE			☐ Change	Addition Addition	
NAME	DYER, ERNIE		4. 2 NAME					
STREET ADDRESS	302 ZELDA BLVD DAYTONA BEACH FL		4.3 STREET A					
CITY-ST-ZIP TITLE	PD PD	DELETE	4.4 CITY-ST- 51 TITLE	ZIP .	PRESIDENT	Change	Addition	
NAME	ALLISON, DOROTHY		52 NAME		PRESIDENT PERRY DOTY 1009 CHIPPEWI HOULY HILLY, FL			
STREET ADDRESS	3 WILLOW DRIVE		53 STREET A	DDRESS	1009 CHIPPEWI	<i>')</i>		
CITY-ST-ZIP	PALM COAST FL		5 4 CITY-ST-	ZIP	HOLLLY HILL FL	32117		
TITLE	TD DELETE		6 1 TITLE		☐ Change		Addition	
NAME OVEREZ ABORGO	BAKER, JOHN		6.2 NAME					
STREET ADDRESS	935 N. HALIFAX DR DAYTONA BEACH FL		6.3 STREET A	.				
CITY-ST-ZIP  14. I do hereby	y certify that the information supplied	with this filing is voluntarily furn	6.4 City-St- nished and does	not qualify fo	or the exemption stated in Section 119.07	(3)(k), Florida Statut	tes. I further	
certify that	: the information indicated on this and Lam an officer or director of the corne	ual report or supplemental ann	iual report is true	and accurat	e and that my signature shall have the sa report as required by Chapter 617, Florid	me legal effect as if	f made under	
appears in	Block 12 or Block 13 if changed, or	on an attachment with an add	ress.		, and a grader by surgeror or a floor	and the		
SIGNAT	9041.1.	7 Ble		•	3/18/96 9	14-253-4	5831	
JIMIAI	SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICE	ER OF DIRECTOR		J/10 / J Date	Daytin's Phone	, , ,	