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FILED

Mar 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 714712 (7)

1. Corporation Name

DAYTONA PLAYHOUSE, INC.

Principal Place of Business

Mailing Address

100 JESSAMINE BLVD  
DAYTONA BEACH FL 32118100 JESSAMINE BLVD  
DAYTONA BEACH FL 32118-37353. Date Incorporated or Qualified  
06/04/19683a. Date of Last Report  
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-0828616Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER JR., JOHN H.  
935 N. HALIFAX #210  
DAYTONA BEACH FL 32118

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	HEFLIN, ANNE	
STREET ADDRESS	55 VINING COURT #218	
CITY - ST - ZIP	ORMOND BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILCOX, PAT	
STREET ADDRESS	REGENCY PLAZA #802	
CITY - ST - ZIP	ORMOND BEACH FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MURRAY, LOUISE	
STREET ADDRESS	58 RIVOCEAN DRIVE	
CITY - ST - ZIP	ORMOND BEACH FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	PPD	<input type="checkbox"/> DELETE
NAME	DYER, ERNIE	
STREET ADDRESS	302 ZELDA BLVD	
CITY - ST - ZIP	DAYTONA BEACH FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOTY, JERRY	
STREET ADDRESS	1009 CHIPPEW	
CITY - ST - ZIP	HOLLY HILL FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAKER, JOHN	
STREET ADDRESS	935 N. HALIFAX DR	
CITY - ST - ZIP	DAYTONA BEACH FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: JOHN H. BAKER JR. *John H. Baker Jr* 3-17-97 904-253-5831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0002265

CR2E037 (9/96)