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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714712

1. Corporation Name
DAYTONA PLAYHOUSE, INC.

Principal Place of Business	Mailing Address
100 JESSAMINE BLVD DAYTONA BEACH FL 32118	100 JESSAMINE BLVD DAYTONA BEACH FL 32118

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 06/04/1968

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.1506, 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 _____ DATE
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	☑ DELETE	1.1 TITLE	VP-DIR	☑ Change ☐ Addition
NAME	HEFLIN, ANNE		1.2 NAME	PAUL G VILLEMONTE	
STREET ADDRESS	55 VINING COURT #218		1.3 STREET ADDRESS	935 N HALIFAX #110	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	VD	☑ DELETE	2.1 TITLE	EVP-DIR	☑ Change ☐ Addition
NAME	WILCOX, PAT		2.2 NAME	BOB WEAVER	
STREET ADDRESS	REGENCY PLAZA #802		2.3 STREET ADDRESS	743 LUNA DR.	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	SD	☑ DELETE	3.1 TITLE	SEC-DIR	☑ Change ☐ Addition
NAME	MURRAY, LOUISE		3.2 NAME	LINDA GODEAU	
STREET ADDRESS	58 RIVOCEAN DRIVE		3.3 STREET ADDRESS	19 LAKEVISTA WAY	
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	PPD	☑ DELETE	4.1 TITLE	VP-DIR	☑ Change ☐ Addition
NAME	DYER, ERNIE		4.2 NAME	BILL ROEHRBORN	
STREET ADDRESS	302 ZELDA BLVD		4.3 STREET ADDRESS	205 OCEAN DR	
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	P	☑ DELETE	5.1 TITLE	P-DIR	☑ Change ☐ Addition
NAME	MARLAND, BARBIE		5.2 NAME	JOHN STENHO	
STREET ADDRESS	802 WILDWOOD CIRCLE		5.3 STREET ADDRESS	606 CELITO DR.	
CITY-ST-ZIP	PORT ORANGE FL 32127		5.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	TD - DIR.	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, JOHN		6.2 NAME		
STREET ADDRESS	935 N. HALIFAX DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: John H. Baker Jr. SIGNATURE REQUIRED — 4-17-99 — 904-253-5831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN H. BAKER, JR.