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DOCUMENT # 714973  1. Entity Name  DAYTONA BEACH AREA CHAPTER #386 OF AMERICAN ASSO						FILED Feb 10, 2000 8:00 am Secretary of State 02-10-2000 90038 004 ****61.25				
Principal Plac	ce of Busines	s	Mailing Address	<del></del>						
160 NO. BEACH ST. DAYTONA BEACH FL 32115 US			P.O. BOX 1790 DAYTONA BEACH FL 32115-1790				DAAT	0101		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS S	SPACE	
City & State			City & State			4. FEI Number 23-7120281				pplied For ot Applicable
Zip		Country	Zip	Country	-	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current I	Registered Agent			7. Name and	Address of New R	legistered A	Agent	
	·			Name	×RF-T-T	-YD==BI				
WALLS MADILYN			Street Address (			O. Box Number	er is Not Acceptable	e)		
WALLS, MARILYN 45 RIVERDUNES DR.				ļ_ <del></del>	1 302	SAN J	OSE BOULE	VARD		
DAYTONA BEACH FL 32118										
<i>0</i> /11/0/W1		. 02110		City	HOLL	Y HILL		FL	Zip Cod 32	 P <b>7</b>
8. The above	e named entit	y submits this statement for	the purpose of changing its r	egistered office o			<u> </u>		<u> </u>	<u>'                                    </u>
CICNATURE	Bette	- D. Beck	В	ETTY D.	BECK	( TRFA	SURER	2-4	-00	
SIGNATURE	Signature, type	or printed name of registered agent a		Registered Agent signa				DATE		
FILE NOW: FEE IS \$61.25			T							······································
			9. Election Campaign Trust Fund Contribut			<b>0</b> May Be to Fees		e Check F partment	Payable to of State	)
10.			Trust Fund Contribut		Added	to Fees		partment	of State	
10. ·	FEE IS	\$61.25 OFFICERS AND DIR	Trust Fund Contribut	tion.	Added	to Fees  ADDITIONS/CH  D	De	partment	of State	
	FEE IS	\$61.25 OFFICERS AND DIR	Trust Fund Contribut	11.	Added	D EVON	De ANGES TO OFFICE	<b>partment</b>	of State	10
TITLE NAME STREET ADDRESS	PD TINKOFF, 152 LOON	OFFICERS AND DIR  L. BARRY  CT.	Trust Fund Contribut	11. TITLE NAME STREET ADDRESS	Added	D Y EVON 3 WOOD	ANGES TO OFFICE  IBIS COU	partment RS AND DIF	of State RECTORS IN Change	10
TITLE NAME	PD TINKOFF, 152 LOON DAYTONA	\$61.25  OFFICERS AND DIR  L. BARRY	Trust Fund Contribut	11. TITLE NAME	Added P / RA	to Fees  ADDITIONS/CH  D  Y EVON  3 WOOD  YTONA E	Del ANGES TO OFFICE	partment RS AND DIF	of State RECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD TINKOFF, 152 LOON DAYTONA VD	OFFICERS AND DIR L. BARRY I CT. BEACH FL 32119	Trust Fund Contribut	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added	to Fees  ADDITIONS/CH  D  Y EVON  3 WOOD  YTONA E	ANGES TO OFFICE  IBIS COU BEACH, FL	partment RS AND DIF	of State RECTORS IN Change	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD TINKOFF, 152 LOON DAYTONA VD WALLS, M	OFFICERS AND DIR L. BARRY I CT. BEACH FL 32119  ARILYN	Trust Fund Contribut	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added P/RA	D ENE PET	ANGES TO OFFICE  IBIS COU BEACH, FL	PARTMENT RS AND DIF	of State RECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD TINKOFF, 152 LOON DAYTONA VD WALLS, M 45 RIVER	S61.25  OFFICERS AND DIR  L. BARRY I CT. BEACH FL 32119  ARILYN DUNES DR.	Trust Fund Contribut	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P/ RA II DA V/ IR 52	D V EVON 3 WOOD YTONA E D ENE PE1 4 PELIC	ANGES TO OFFICE  IBIS COU BEACH, FL  TERS CAN BAY D	RS AND DIF	Of State RECTORS IN  Change  19"  X Change	10 Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD TINKOFF, 152 LOON DAYTONA VD WALLS, M 45 RIVER DAYTONA	OFFICERS AND DIR L. BARRY I CT. BEACH FL 32119  ARILYN	Trust Fund Contribut	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/ RA II DA V/ IR 52 DA	D ENE PELICYTONA E	ANGES TO OFFICE  IBIS COUBEACH, FL  TERS CAN BAY D	PARTMENT RS AND DIF	of State RECTORS IN  CM Change  I 9 "  CM Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD TINKOFF, 152 LOON DAYTONA VD WALLS, M 45 RIVER DAYTONA TD	S61.25  OFFICERS AND DIR  L. BARRY  CT. BEACH FL 32119  ARILYN DUNES DR. BEACH FL 32118	Trust Fund Contribut	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE	P/ RA II DA V/ IR 52 DA	D ENE PELICYTONA E	IBIS COUBEACH, FL	RS AND DIF	of State RECTORS IN  CM Change  I 9 "  CM Change	10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD TINKOFF, 152 LOON DAYTONA VD WALLS, M 45 RIVER DAYTONA TD BEYER, GI 200 HARP	S61.25  OFFICERS AND DIR  L. BARRY I CT. BEACH FL 32119  ARILYN DUNES DR. BEACH FL 32118  EORGE ERS FERRY DR.	Trust Fund Contribut	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE	P/ RA II DA V/ IR 52 DA T/ BE	D Y EVON 3 WOOD YTONA E D YENE PET 4 PELIC YTONA E D TTY D. 02 SAN	ANGES TO OFFICE  IBIS COURSEACH, FL  TERS CAN BAY DR  BEACH, FL  BECK JOSE BOUL	RS AND DIF RT 321 RIVE 321 LEVARI	TECTORS IN  CX Change  CX Change  CX Change	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD TINKOFF, 152 LOON DAYTONA VD WALLS, M 45 RIVER DAYTONA TD BEYER, GI 200 HARP DAYTONA	OFFICERS AND DIR L. BARRY I CT. BEACH FL 32119  ARILYN DUNES DR. BEACH FL 32118  EORGE ERS FERRY DR. BEACH FL 32118	Trust Fund Contribut	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TAME STREET ADDRESS CITY-ST-ZIP	P/RA II DA V/IR 52 DA T/BE I3 HO	D TTY D.  O Fees  ADDITIONS/CH  D Y EVON  3 WOOD  YTONA E  D FENE PEI  4 PELIO  YTONA E  D TTY D.  O2 SAN  LLY HIL  D	ANGES TO OFFICE  IBIS COURSEACH, FL  FERS CAN BAY DR  BEACH, FL  BECK  JOSE BOUL  L, FL 3	RS AND DIF RT 321 RIVE 321 LEVARI	TECTORS IN  CX Change  CX Change  CX Change	Addition
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32119 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-253-7237