2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729771

FILED Jan 10, 2007 Secretary of State

Entity Name: THE DAYTONA BEACH COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
1200 INTE P.O. BOX	ERNATIONAL	SPEED\	WAY BLVD.		RNATIONAL BEACH, FL	SPEEDWAY BLVD. 32114 US		
	A BEACH, FL	32114	US	BATTONA	DLACII, I L	32114 00		
Current Mailing Address:				New Mailing Address:				
P.O. BOX P.O. BOX DAYTONA		. 32120	US		RNATIONAL BEACH, FL	SPEEDWAY BLVD 32120 US		
FEI Number	r: 59-1581805	FEIN	umber Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Des	sired ()	
Name and	d Address of	f Current	Registered Agent:	Name and	Address of	New Registered Agen	t:	
1200 INTE	N, LARRY ERNATIONAL A BEACH, FL		WAY BLVD US					
	e named entit te of Florida.	y submits	this statement for the	purpose of changing i	ts registered	office or registered age	nt, or both,	
	te of Florida. IRE:				ts registered	office or registered age	nt, or both,	
n the Stat	te of Florida. IRE:		this statement for the ature of Registered Ac		ts registered	office or registered age Date	nt, or both,	
n the Stat SIGNATU	te of Florida. IRE:	onic Sign		gent				
n the Stat SIGNATU DFFICER Fitle: Name: Address:	te of Florida. IRE: Electr S AND DIRE	onic Sign ECTORS: () Delete IOE 8	ature of Registered A્	gent	S/CHANGE	Date		
n the Stat BIGNATU DFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	te of Florida. IRE: Electr S AND DIRE VD PETROCK, J PO BOX 971 DAYTONA BI S ATKINSON, I	Onic Sign CTORS: () Delete OE 8 EACH, FL () Delete LARRY	ature of Registered Ag 32120 SPEEDWAY BLVD.	gent ADDITION Title: Name: Address:	S/CHANGE	Date S TO OFFICERS AND		
n the Stat SIGNATU	te of Florida. IRE: Electr S AND DIRE VD PETROCK, J PO BOX 971 DAYTONA BI S ATKINSON, L 1200 INTERN DAYTONA BI	onic Sign CTORS: () Delete OE 8 EACH, FL () Delete LARRY VATIONAL SEACH, FL () Delete JAMES S POINT PK	ature of Registered Ag 32120 SPEEDWAY BLVD. 32114	gent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	PD (OLIVARI, WILL 141SAGE BR	Date S TO OFFICERS AND () Change () Addition () Change () Addition (X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ATKINSON S 01/10/2007