

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 733057

(4)

1. Corporation Name

DAYTONA BEACH, REACT, INC.



Principal Place of Business

Mailing Address

152 KINGSTON AVE  
DAYTONA BCH FL 32114  
US

PO BOX 6284  
DAYTONA FL 32122  
US

3. Date Incorporated or Qualified

06/13/1975

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1804444

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

8. 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

VOGENITZ, M. BILL  
203 NORTH McDONALD AVE  
DELAND FL 32724

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME CHUVEN, MICHAEL  
STREET ADDRESS 152 KINGSTON AVE  
CITY-ST-ZIP DAYTONA BCH FL

1.1 TITLE President/Director ☐ Change ☐ Addition  
1.2 NAME CHUVEN, MICHAEL  
1.3 STREET ADDRESS 152 Kingston Ave.  
1.4 CITY-ST-ZIP Daytona Beach, FL.

TITLE VDP ☐ DELETE  
NAME VOGENITZ, M. BILL  
STREET ADDRESS 203 N. McDONALD AVE.  
CITY-ST-ZIP DELAND FL

2.1 TITLE Vice Pres/Secretary/Director ☐ Change ☐ Addition  
2.2 NAME VOGENITZ, M. BILL  
2.3 STREET ADDRESS 203 North McDonald Ave.  
2.4 CITY-ST-ZIP Deland, FL.

TITLE TD ☐ DELETE  
NAME BUTLER, SR. SAMMY  
STREET ADDRESS 1754 CAROLINA AVE  
CITY-ST-ZIP ORMOND BCH FL

3.1 TITLE Treasurer/Director ☐ Change ☐ Addition  
3.2 NAME BUTLER, SR. SAMMY  
3.3 STREET ADDRESS 1754 Carolina Ave.  
3.4 CITY-ST-ZIP Ormond Beach, FL.

TITLE VD - - ☒ DELETE  
NAME CHUVEN, MICHAEL -  
STREET ADDRESS 767 ESPANOLA AVE. #21 - -  
CITY-ST-ZIP ORMOND BEACH FL - -

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE SGT-AT-ARMS/D ☐ Change ☐ Addition  
5.2 NAME SLANEY, ARTHUR  
5.3 STREET ADDRESS 3003 U.S.92, #42  
5.4 CITY-ST-ZIP Daytona Beach, FL.

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

MICHAEL CHUVEN, PRESIDENT

4/22/96

(904) 253-0585

Date

Daytime Phone #

CR2E037 (12/95)