

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **738849** (9)

1. Corporation Name

SOUTH DAYTONA CITIZENS ALERT COUNCIL, INC.



Principal Place of Business

Mailing Address

% JOE MCADORY
1672 S RIDGEWOOD AVE. (PO BOX 4223)
SOUTH DAYTONA FL 32121

% JOE MCADORY
1672 S RIDGEWOOD AVE. (PO BOX 4223)
SOUTH DAYTONA FL 32121

3. Date Incorporated or Qualified
04/26/1977

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1761274

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

MCADORY, JOE
1672 S. RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119

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

TITLE **P** ☐ DELETE
NAME **JOY, RAY**
STREET ADDRESS **1260 ROBBIN DR.**
CITY- ST- ZIP **PORT ORANGE FL**

TITLE **V** ☐ DELETE
NAME **SCHOCH, JOHN**
STREET ADDRESS **933 PINEAPPLE RD**
CITY- ST- ZIP **SO DAYTONA FL**

TITLE **VD** ☐ DELETE
NAME **WARE, ANNETTE**
STREET ADDRESS **2280 GRANADA DRIVE**
CITY- ST- ZIP **SO. DAYTONA FL 32119-8023**

TITLE **SD** ☐ DELETE
NAME **COOPER, KAY**
STREET ADDRESS **116 WESTWARD DR**
CITY- ST- ZIP **DAYTONA BCH FL**

TITLE **TD** ☐ DELETE
NAME **ROMAHN, ALICE E**
STREET ADDRESS **2317 BRIAN AVE**
CITY- ST- ZIP **SO DAYTONA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRES.** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **WARE, ANNETTE**
1.4 CITY- ST- ZIP **2280 GRANADA DRIVE**
SO. DAYTONA, FL. 32119-8023

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **JOY, RAY**
3.4 CITY- ST- ZIP **1260 ROBBIN DR.**
PORT ORANGE, 32119 FLA.

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 on an attachment with an address.

SIGNATURE:

Alice E. Romahn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

Date

904-322-3050

Daytime Phone #

CR2E037 (12/95)