FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

904 3223050

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Rusiness

CITY-ST-ZIP

738849

(9)

Mailing Addrage

SOUTH DAYTONA CITIZENS ALERT COUNCIL, INC.

* JOE MCADORY 1672 \$ RIDGEWOOD AVE. (PO BOX 4223) SOUTH DAYTONA FL 32121 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23		# JOE MCADORY 1672 S RIDGEWOOD AVE. (PO BOX 4223) SOUTH DAYTONA FL 32119-8410 2a. Mailing Address 26 Suite. Apt. #, etc. 27 City & State 28				3. Date Incorporated or Qualified 04/26/1977 4. FEI Number 59-1761274 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	3a. Date of Last Report 01/31/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
Zip			Count	Country		8. This corporation has liability for in	tangible ta	ax under s.	199.032,
24	25		30			Florida Statutes Yes No			
	Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
MCADORY, JOE 1872 S. RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119				32 8	Name Street Add	ress (P.O. Box Number is Not Acceptabl		65 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, byted or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARE, ANNETTE 2280 GRANADA DRIVE SO. DAYTONA FL	[] OELETE	1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY	AE Eet adi <u>(- St-Z</u>	ľ			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	V SCHOCH, JOHN 933 PINEAPPLE RD SO DAYTONA FL	[_] DELETE	2.1 TATU 2.2 NAM 2.3 STRI 2.4 CIT	AE Eet adi	, i		L	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Joy, Ray 1260 Robbin Drive Port Orange FL	☑ DELETE	3.1 T(TU 3.2 NAM 3.3 STR 3.4. C(T)	Æ EET AO	ORESS	DALICE E. ROMAHN 2317 BRIAN AVE. SO. DAYTONA, FLA. 3		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOPER, KAY 116 WESTWARD DR DAYTONA BCH FL	Z ¥ DELETE	4.1 TITL 4. 2 NAI 4.3 STRI 4.4 CITY	ME EET ADI	DRESS	SD JUDITH A. SPENCER 4745 S. ATLANTIC AVE PONCE INLET FL. 3212	. UNI		Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMAHN, ALICE E 2317 BRIAN AVE SO DAYTONA FL	DELETE	5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY	.E Me Eet ad	DORESS	TD DOLORING JOHNSON 142 BELLEWOOD AVE. SO. DAYTONA, FLA. 321	I	X Change	Addition
TITLE NAME STREET AODRESS		DELETE	6.1 TITL 6.2 NAM 6.3 STR	ME	DAESS	DO S. SEIGNANIA S.		Change	☐ Addition

6.4 CITY-ST-ZIP

14. I do 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.