

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738849** (9)

1. Corporation Name

SOUTH DAYTONA CITIZENS ALERT COUNCIL, INC.



Principal Place of Business % JOE MCADORY 1672 S RIDGEWOOD AVE. (PO BOX 4223) SOUTH DAYTONA FL 32121	Mailing Address % JOE MCADORY 1672 S RIDGEWOOD AVE. (PO BOX 4223) SOUTH DAYTONA FL 32121
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3. Date Incorporated or Qualified 04/26/1977
4. FEI Number 59-1761274
Applied For ☐ Yes ☒ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired XX \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent MCADORY, JOE 1672 S. RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	WARE, ANNETTE	1.2 NAME	Mike Eddings
STREET ADDRESS	2280 GRANADA DRIVE	1.3 STREET ADDRESS	851 Williams Lance
CITY-ST-ZIP	80. DAYTONA FL	1.4 CITY-ST-ZIP	Port Orange 32119
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHOCH, JOHN	2.2 NAME	
STREET ADDRESS	933 PINEAPPLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	80 DAYTONA FL	2.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROMAHN, ALICE E	3.2 NAME	
STREET ADDRESS	2317 BRIAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	3.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	4.1 TITLE	VD ☐ Change ☒ Addition
NAME	SPENCER, JUDITH A	4.2 NAME	Joseph A Notariani
STREET ADDRESS	4745 SOUTH ATLANTIC AVE UNIT 102	4.3 STREET ADDRESS	2022 Brian Ave.
CITY-ST-ZIP	PONCE INLET FL	4.4 CITY-ST-ZIP	South Daytona FL 32119
TITLE	TD ☐ DELETE	5.1 TITLE	SD ☒ Change ☐ Addition
NAME	JOHNSON, DELORES	5.2 NAME	Jennifer Weisenborn
STREET ADDRESS	142 BELLEWOOD AVE	5.3 STREET ADDRESS	2201 Oriole Lane
CITY-ST-ZIP	SOUTH DAYTONA FL	5.4 CITY-ST-ZIP	South Daytona FL 32119
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	P ☒ Change ☐ Addition
1.2 NAME	Mike Eddings
1.3 STREET ADDRESS	851 Williams Lance
1.4 CITY-ST-ZIP	Port Orange 32119
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VD ☐ Change ☒ Addition
4.2 NAME	Joseph A Notariani
4.3 STREET ADDRESS	2022 Brian Ave.
4.4 CITY-ST-ZIP	South Daytona FL 32119
5.1 TITLE	SD ☒ Change ☐ Addition
5.2 NAME	Jennifer Weisenborn
5.3 STREET ADDRESS	2201 Oriole Lane
5.4 CITY-ST-ZIP	South Daytona FL 32119
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *DeLores Johnson* 1/26/98 904-761-8803

CR2E037 (1097)