**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 19, 1999 8:00 am**
**Secretary of State**
04-19-1999 90122 024 ****61.25

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DOCUMENT # 738849

1. Corporation Name

SOUTH DAYTONA CITIZENS ALERT COUNCIL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % JOE MCADORY<br>1672 S RIDGEWOOD AVE. (PO BOX 4223)<br>SOUTH DAYTONA FL 32121 | % JOE MCADORY<br>1672 S RIDGEWOOD AVE. (PO BOX 4223)<br>SOUTH DAYTONA FL 32121 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>04/26/1977 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1761274 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

9. Name and Address of Current Registered Agent

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☒ DELETE | 1.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | EDDINGS, MIKE | | 1.2 NAME | HUNTER, George R. Jr. | |
| STREET ADDRESS | 851 WILLIAMS LANCE | | 1.3 STREET ADDRESS | 26 Cherrywood Ct. | |
| CITY-ST-ZIP | PORT ORANGE FL 32119 | | 1.4 CITY-ST-ZIP | South Daytona, FL 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 | SO 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 | VD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NOTARIANI, JOSEPH A | | 4.2 NAME | | |
| STREET ADDRESS | 2022 BRIAN AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SOUTH DAYTONA FL 32119 | | 4.4 CITY-ST-ZIP | | |
| TITLE | SD | ☒ DELETE | 5.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | WEISENBORN, JENNIFER | | 5.2 NAME | HUNTER, Roberta M. | |
| STREET ADDRESS | 2201 ORIOLE LN | | 5.3 STREET ADDRESS | 26 Cherrywood Ct. | |
| CITY-ST-ZIP | SOUTH DAYTONA FL 32119 | | 5.4 CITY-ST-ZIP | South Daytona, FL 32119 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | T | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | Sams, James A. | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 723 Largo Way | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | South Daytona, FL 32119 | |

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14. I 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, with all other like empowered.

**SIGNATURE:** George R. Hunter Jr. **NAME REQUIRED** 4-12-99 (904)761-0882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #