SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 19 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 739104 (8)

1. Corporation Name
THE DAYTONA BEACH BOAT CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
150 S.PALMETTO AVE DAYTONA BEACH FL 32114-4320	44 N ST ANDREWS DR ORMOND BCH FL 32174 US

3. Date Incorporated or Qualified: 05/19/1977
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-2835499 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O.BOX 1021 DAYTONA BEACH, FL. 32115
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O.BOX 1021
City & State 23	City & State 28 DAYTONA BEACH, FL
Zip 24 / Country 25	Zip 29 32115 / Country 30 USA

9. Name and Address of Current Registered Agent

TUMBLESON, J. DOYLE
150 S.PALMETTO AVE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, DONALD	1.2 NAME	
STREET ADDRESS	100 SILVER BEACH AVE., #128	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	FULLER, CINDY	2.2 NAME	EILEEN SELIS
STREET ADDRESS	39 JUNIPER DRIVE	2.3 STREET ADDRESS	134 DIANNE DR
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32176
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	JONES, ARTHUR	3.2 NAME	DAVID C. MCKAY
STREET ADDRESS	44 N ST ANDREWS DR	3.3 STREET ADDRESS	840 CHICKADEE DR
CITY-ST-ZIP	ORMOND BCH FL	3.4 CITY-ST-ZIP	PORT ORANGE, FL. 32127
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	SASSENBERG, JOHN	4.2 NAME	TRUDY WILLIAMSON
STREET ADDRESS	811 RIVER OAK DRIVE W	4.3 STREET ADDRESS	128 CYPRESS POND RD.
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	DAYTONA BEACH, FL, 32124
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MALLOCH, HUGH	5.2 NAME	BILL CANNONS
STREET ADDRESS	160 OAKWOOD DR.	5.3 STREET ADDRESS	556 N. BEACH ST
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	DAYTONA BEACH, FL. 32114
TITLE	P	6.1 TITLE	P ☒ Change ☐ Addition
NAME	KLINDT, FRAN	6.2 NAME	RICHARD CRICHTON
STREET ADDRESS	121 JAMESTOWN DR	6.3 STREET ADDRESS	103 CUNNINGHAM DR
CITY-ST-ZIP	ORMOND BCH FL	6.4 CITY-ST-ZIP	NEWSMYRNA BEACH, FL. 32168

CR2E037 (3/95)

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)(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.

SIGNATURE: David C. McKay 7-15-95 904-756-1837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID C. MCKAY

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