2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90044 030 ****61.25

DOCUMENT # 739104

1. Entity Name

THE DAYTONA BEACH BOAT CLUB, INC.

Principal Place of Business	Mailing Address
405 SOUTH BEACN STREET DAYTONA BEACH FL 32114	~~PO BOX 1021~~ ~~DAYTONA BEACH FL 32115~~ ~~LIC~~

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
ABOVE	c/o L. FUNK 3386 JOHN ANDERSON DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ORMOND BEACH, FL
Zip / Country	Zip 32176 / Country U.N.

4. FEI Number 59-2835499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WILLIAMSON, TRUDY~~ ~~128 CYPRESS POND RD.~~ ~~PORT ORANGE FL 32128~~	Name LAWRENCE F. FUNK Street Address (P.O. Box Number is Not Acceptable) 3386 JOHN ANDERSON DR. City ORMOND Beach FL Zip Code 32176

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lawrence F. Funk, Treasurer 2-23-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~GILL, ROBERT~~ ~~2130 KUMQUAT DR.~~ ~~EDGEWATER FL 32141~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARY ZIMMERMAN 3636 ARAN Circle ORMOND Beach, FL 32174	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~THALHSIMER, JAMES~~ ~~203 COUNTRY CLUB DR.~~ ~~ORMOND BEACH FL 32176~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D DAVE SMITH 621 MARINA POINT DR. DAYTONA Beach, FL 32114	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~KLINOT, DORIS~~ ~~809 MICKINGBIRD DR.~~ ~~PORT ORANGE FL 32127~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		ange Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~GREY, MEG~~ ~~874 MOONLUSTER DRIVE~~ ~~CASSELBERRY FL 32707~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAWRENCE F. FUNK 3386 JOHN ANDERSON DR ORMOND Beach, FL 32176	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREY, ROBERT 874 MOONLUSTER DRIVE CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TRUDY WILLIAMSON 128 CYPRESS POND ROAD PORT ORANGE, FL 32128	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~TRAUDT, KEITH~~ ~~313 RIO PINAR DR~~ ~~ORMOND BEACH FL 32174~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHEN POWELL 1501 CANARY ST LONGWOOD, FL 32750	☒ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

LAWRENCE F. FUNK

SIGNATURE: Lawrence F. Funk, TREASURER 2-23-04 386-441-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #