2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90069 017 ****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	C/O L FUNK 3386 JOHN ANDERSON DR. ORMOND BEACH FL 32176 US

4UU142U0

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

FUNK, LAWRENCE F
3386 JOHN ANDERSON DR.
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
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, 2005

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	PD ZIMMERMAN, GARY 3636 ARAN CIRCLE ORMOND BEACH FL 32174	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SMITH, DAVE 621 MARINA POINT DR. DAYTONA BEACH FL 32114	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KLINOT, DORIS 809 MICKINGBIRD DR. PORT ORANGE FL 32127	☒ Delete	SD BEVERLY POWELL 1501 CANARY ST. LONGWOOD, FL 32750	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FUNK, LAWRENCE F 3386 JOHN ANDERSON DR. ORMOND BEACH FL 32176	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREY, ROBERT 874 MOONLUSTER DRIVE CASSELBERRY FL 32707	☒ Delete	PD CHARLES LOCKWOOD 4279 MAYFAIR LANE PORT ORANGE, FL 32129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILLIBAMSON, TRUDY 128 CYPRESS POND RD. PORT ORANGE FL 32128	☐ Delete		☐ 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.

SIGNATURE: Lawrence F. Funk TREASURER 2-5-05 386-441-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #