

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739104

FILED
Jan 24, 2009
Secretary of State

Entity Name: THE DAYTONA BEACH BOAT CLUB, INC.

Current Principal Place of Business:

419 BASIN STREET
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

C/O L FUNK
3386 JOHN ANDERSON DR.
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 59-2835499 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: JULIANO, VIRGINIA
Address: 20 STONEY RIDGE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: SMITH, DAVE
Address: 621 MARINA POINT DR.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD () Delete
Name: HENRY, THOMAS
Address: 3 WAINBUSH PL
City-St-Zip: PALM COAST, FL 32164

Title: TD () Delete
Name: FUNK, LAWRENCE F
Address: 3386 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: VPD () Delete
Name: FRICKE, BILL
Address: 57 MAPLE IN THE WOOD
City-St-Zip: PORT ORANGE, FL 32129

Title: PD () Delete
Name: BOWDEN, WAYNE
Address: 108 SAND DUNES DR
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: POWELL, BEVERLY
Address: 1501 CANARY STREET
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: KIRBY, KEN
Address: 3925 KIOWA LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE F. FUNK

TD

01/24/2009

Electronic Signature of Signing Officer or Director

Date