

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739148 (5)

1. Corporation Name

**THE GREATER DAYTONA BEACH STRIKING FISH TOURNAME
NT, INC.**



Principal Place of Business

Mailing Address

**131 OLD CARRIAGE RD (PONCE INLET 32127)
P.O. BOX 4888
S. DAYTONA FL 32127-6909**

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P.O. BOX 4888
S. DAYTONA FL 32127-6909**

3. Date Incorporated or Qualified
05/24/1977

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 1260 Harbour Point Dr.

26 P. O. Box 214888

4. FEI Number

59-2388183

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 -----

27 -----

5. Certificate of Status Desired

☒ X

**\$8.75 Additional
Fee Required**

City & State

23 Port Orange, FL

City & State

28 South Daytona, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 32127

Country

25 U.S.A.

Zip

29 32121-4888

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUMPASS, LINDA B.
131 OLD CARRIAGE RD
PONCE INLET FL 32127**

81 Name

Yvonne M. Crawford

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

2900 Lantern Drive

83

84

City

South Daytona

FL

85

Zip Code

32119

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

Yvonne M. Crawford

Yvonne M. Crawford

4/26/96

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD
LENOIS, ROY
3901 S. ATLANTIC AVE.
WILBUR BY THE SEA FL 32127**

1.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

**VD
PASTOR, ERNIE
108 POINT O'WOODS DR.
DAYTONA BEACH FL 32114**

1.2 NAME ☐ Change ☐ Addition

TITLE ☒ DELETE

**SD
BUMPASS, LINDA B
131 OLD CARRIAGE RD.
PONCE INLET FL 32127**

1.3 STREET ADDRESS **9 Venetian Circle**

TITLE ☐ DELETE

**TD
CRAWFORD, YVONNE
2900 LATERN DRIVE
S. DAYTONA FL**

1.4 CITY - ST - ZIP **Daytona Beach, FL 32118**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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)(k), 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:

Roy Lenois

Roy Lenois, President

4/26/96

(904)258-8641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)