

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739148** (5)
1. Corporation Name
**THE GREATER DAYTONA BEACH STRIKING FISH TOURNAME
NT, INC.**

Principal Place of Business 1280 HARBOUR POINT DR. PORT ORANGE FL 32127 US	Mailing Address P.O. BOX 214888 SOUTH DAYTONA FL 32121-4888 US
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3. Date Incorporated or Qualified

05/24/1977

4. FEI Number

59-2388183

Applied For

Not Applicable

2. Principal Place of Business 21 2900 Lantern Dr. Suite, Apt. #, etc. 22 City & State 23 South Daytona, FL Zip 24 32119 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAWFORD, YVONNE M
2900 LANTERN DRIVE
SOUTH DAYTONA FL 32119**

81 Name

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

83

84 City

FL

85 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 *Yvonne M. Crawford* **YVONNE M. CRAWFORD, Tor.** *Apr 23, 1998*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LENOIS, ROY	
STREET ADDRESS	9 VENETIAN CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Morgan, Philip	
1.3 STREET ADDRESS	707-M Samms Ave.	
1.4 CITY-ST-ZIP	Port Orange, FL 32119	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PASTOR, ERNIE	
STREET ADDRESS	108 POINT O'WOODS DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lytwyn, Gene	
2.3 STREET ADDRESS	1428 Harnden Rd. West	
2.4 CITY-ST-ZIP	Port Orange, FL 32119	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HORN, JOANN	
STREET ADDRESS	1280 HARBOUR POINT DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CRAWFORD, YVONNE	
STREET ADDRESS	2900 LANTERN DRIVE	
CITY-ST-ZIP	SOUTH DAYTONA FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Yvonne M. Crawford* **YVONNE M. CRAWFORD** *Apr 23, 1998* **APR 23, 1998** **767-7164** **(904)**

CR2E037 (10/97)