

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

9/1/2004-90002-014-\$75.00-\$75.00  
9/1/

**FILED**

04 OCT -8 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04) 04

**DOCUMENT # 744218**  
1. Entity Name  
**DAYTONA BEACH TIP-OFF CLUB, INC.**



Principal Place of Business: 149-P SOUTH RIDGEWOOD AVE, DAYTONA BEACH FL 32114-4320 US  
Mailing Address: P O BOX 748, DAYTONA BEACH FL 32115 US

2. Principal Place of Business: DAYTONA BEACH TIP OFF CLUB INC.  
3. Mailing Address: D.C. BAILEY, 225 PINEBROCK PL.  
Suite, Apt. #, etc.

City & State: PORT ORANGE, FLA.  
City & State: PORT ORANGE, FLA.  
Zip: 32127  
Country: VOLUSIA USA

4. FEI Number: 59-2421622  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WILLIAMS, S. LARUE  
150 SOUTH PALMETTO AVENUE  
DAYTONA, BEACH FL 32014

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 reappointing) DATE: \_\_\_\_\_

**FILE NOW - FEE IS \$61.25 Due By September 8, 2004**  
8. 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: STD NAME: BARKIN, MARSHALL H STREET ADDRESS: 149-P SOUTH RIDGEWOOD AVE CITY-ST-ZIP: DAYTONA BCH, FL 00000 <input checked="" type="checkbox"/> Delete		TITLE: DR. AUBREY LONG NAME: DR. AUBREY LONG STREET ADDRESS: 905 WILLOW RUN CITY-ST-ZIP: ORLAND BEACH, FL. 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: PD NAME: DESTEFANO, LEONARD STREET ADDRESS: 1416 MANDRAKE ROAD CITY-ST-ZIP: DAYTONA BCH, FL <input checked="" type="checkbox"/> Delete		TITLE: PRESIDENT NAME: D.C. BAILEY STREET ADDRESS: 225 PINEBROCK PL. CITY-ST-ZIP: PORT ORANGE, FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D NAME: BURNELL, FRANK STREET ADDRESS: 1200 VOLUSIA AVENUE CITY-ST-ZIP: DAYTONA BEACH FL <input checked="" type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: D.C. BAILEY 30 AUG 04 1-386-767-3976  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #

PRE-PHONE CALL  
D.C. BAILEY

13