


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

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90258 024 \*\*\*\*75.00

**DOCUMENT # 744218**

1. Entity Name  
 DAYTONA BEACH TIP-OFF CLUB, INC.



Principal Place of Business  
 225 PINEROCK PLACE  
 PORT ORANGE FL 32127  
 US

Mailing Address  
 P O BOX 746  
 DAYTONA BEACH FL 32115  
 US



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 D.C. BRILEY  
 Suite, Apt. #, etc.  
 225 PINEROCK PL

1st MOORE CR2E037 (10/04)

City & State  
 PORT ORANGE FL

City & State  
 PORT ORANGE FL

Zip Country  
 32127 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 D.C. BRILEY  
 Street Address (P.O. Box Number is Not Acceptable)  
 225 PINEROCK PL  
 City PORT ORANGE FL Zip Code 32127

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 *D.C. Briley*  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, AUBREY DR. 905 WILLOW RUN ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP BRILEY, D.C. 225 PINEROCK PLACE PORT ORANGE FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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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)(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: *D.C. Briley* D.C. BRILEY 27 FEB 05 386-767-3976  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #