FILED
Aug 29, 2006 08:00 AM
Secretary of State

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001145

1. Entity Name
COMMUNITY RESOURCE CENTER OF DAYTONA BEACH, INC.

Principal Place of Business	Mailing Address
605 N SEAGRAVE STREET STE B DAYTONA BCH, FL 32114	412 NORTH FREDERICK AVE. DAYTONA BCH, FL 32114

DO NOT WRITE IN THIS SPACE

08182006 No Chg-NP CR2E037 (4/06)

4. FEI Number
31-1720257
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCARLETT-GOLDEN, YVONNE
412 NORTH FREDERICK AVE.
DAYTONA BCH, FL 32114

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCARLETT-GOLDEN, YVONNE
STREET ADDRESS	412 NORTH FREDERICK AVE.
CITY-ST-ZIP	DAYTONA BCH, FL 32114
TITLE	D
NAME	PHILLIPS, EUGENE
STREET ADDRESS	1347 CONTINENTAL DR.
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	D
NAME	SLATER, CYNTHIA
STREET ADDRESS	815 S. KOTTLE CIR.
CITY-ST-ZIP	DAYTONA BCH, FL 32114
TITLE	D
NAME	PHILLIPS, DELORES H
STREET ADDRESS	1347 CONTINENTAL DR
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/29/06-80007-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Yvonne Scarlett-Golden 08-23-06 386-671-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #