



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90126 022 ****61.25

DOCUMENT # N00000001145					
1. Entity Name COMMUNITY RESOURCE CENTER OF DAYTONA BEACH, INC.					
Principal Place of Business 605 SEAGRAM STREET SUE B. DAYTONA BCH, FL 32114			Mailing Address 1347 CONTINENTAL DR. DAYTONA BCH, FL 32117		
2. Principal Place of Business - No P.O. Box # 1347 CONTINENTAL DR.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAYTONA BEACH, FL		City & State			
Zip 32117		Country		4. FEI Number 31-1720257	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCARLETT-GOLDEN, YVONNE 412 NORTH FREDERICK AVE. DAYTONA BCH, FL 32114			7. Name and Address of New Registered Agent Name EUGENE PHILLIPS Street Address (P.O. Box Number is Not Acceptable) 1347 CONTINENTAL DRIVE City DAYTONA BEACH FL Zip Code 32117		
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 <u>Eugene L Phillips</u> DATE <u>July 12 2007</u> <small>Signature typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D SCARLETT-GOLDEN, YVONNE 412 NORTH FREDERICK AVE. DAYTONA BCH, FL 32114	<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	D PHILLIPS, EUGENE 1347 CONTINENTAL DR. DAYTONA BEACH, FL 32117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUDIA V. MC CONNEHEAD 1636 5TH. STREET DAYTONA BEACH, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATER, CYNTHIA 815 S. KOTLE CIR. DAYTONA BCH, FL 32114	<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	D PHILLIPS, DELORES H 1347 CONTINENTAL DR DAYTONA BEACH, FL 32117	<input type="checkbox"/> Delete	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"/> Delete	<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 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: <u>Eugene L Phillips</u> EUGENE L. PHILLIPS 7/12/07 386 239 8981 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					