


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001384 1. Entity Name GREATER DAYTONA COMMUNITY DEVELOPMENT CORPORATION	
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Principal Place of Business 2964 CARRIAGE DRIVE SOUTH DAYTONA, FL 32119	Mailing Address 2964 CARRIAGE DRIVE SOUTH DAYTONA, FL 32119
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04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3735189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLORES, JAMES M
2964 CARRIAGE DRIVE
SOUTH DAYTONA, FL 32119

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2004**

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

000000157236

157-06704-80018-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLORES, JAMES M 2964 CARRIAGE DRIVE SOUTH DAYTONA, FL 32119
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FOSTER, BROWNLOW III 2167 EAST HYDE DRIVE DELTONA, FL 32738
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ZAFFUTO, ANTHONY 566 REED CANAL #25 SOUTH DAYTONA, FL 32119
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: James M Flores James M Flores 4/30/04 386-756-0083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #