



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90511 001 ***183.75

DOCUMENT # N01000004147					
1. Entity Name FRIENDS OF DAYTONA BEACH COMMUNITY FOUNDATION, INC.					
Principal Place of Business 111 10 SPEEDWAY BLD 101 DAYTONA BEACH, FL 32114			Mailing Address 111 W. INTL' SPEEDWAY BLVD. 101 DAYTONA BEACH, FL 32114		
2. Principal Place of Business <i>355 N. BEACH ST</i>		3. Mailing Address <i>355 N BEACH ST</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272004 Chg-NP CR2E037 (10/03)	
City & State <i>DAYTONA BEACH, FL 32114</i>		City & State <i>DAYTONA BEACH, FL</i>		4. FEI Number 59-3725431	
Zip <i>32114</i>		Country <i>FLORIDA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COBB, SHERI 120 S. RIDGEWOOD DAYTONA BEACH, FL 32114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEEK, TOM 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LLOYD, JAMES 354 N BEACH STREET DAYTONA BEACH, FL 32114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, AL 154 S. BEACH ST. DAYTONA BEACH, FL 32114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DEMARCHI, FRANK 100 S. BEACH ST., #210 DAYTONA BEACH, FL 32114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete EXAHOU, MILTON 116 N. BEACH ST. DAYTONA BEACH, FL 32114				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
D LISA MCCARTHY 438 N. BEACH ST DAYTONA BEACH, FL 32114					
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: _____ <i>James H. Ford</i> 4/27/2004 386 252 3756 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					