2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008822

1. Entity Name

DAYTONA BEACH METRO, FLORIDA CHAPTER OF SPEBSQSA, INC.



FILED Jul 14, 2006 08:00 AN Secretary of State

Principal Place of Business

3 OCEANS W. BLVD

6-C-7

DAYTONA BEACH, FL 32118

Mailing Address

3 OCEANS W BLVD 6-C-7 DAYTONA BEACH, FL 32118



07112006 No Chg-NP

CR2E037 (4/06)

4. FEI Number					
59-6166707		Not Applicable			
5. Certificate of Status Desired		\$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHEELER, C. JAMES 3 OCEAN W BLVD 6-C-7 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

		Ì		**	• •	•			
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	I IIIIg I to io quillo	Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	U000005 07/14/06-8	570:303 80009-004	61.25		
10.	OFFICERS AND DIRECTORS								
TITLE	PD	-"							
NAME	BAKER, CHRISTOPHER						i		
STREET ADDRESS	3860 NAN TUCKET ISLAND DR			· * *					
CITY-ST-ZIP	PORT ORANGE, FL 32129				•				
TITLE	SD		4 3	. n ₄	."	* * * *			
NAME	SCHIEDER, W					4			
STREET ADDRESS	1131 KEY LARGO CIRCLE			•					
CITY-ST-ZIP	PORT ORANGE, FL 32128								
TITLE	TD								
NAME	WHEELER, JAMES		*1	. , ,		*			
STREET ADDRESS	3 OCEAN W BLVD 6-C67			'nO	NOT W	RITF			
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		×	٠,		* e	. •		
TITLE				. IN	THIS SP	ACE			
NAME			•						
STREET ADDRESS									
CITY-ST-ZIP					•	•			
TITLE					, , , ,				
NAME									
STREET ADDRESS CITY-SI-ZIP				for a superior	and the same	باينية تسجيد	·		
				4. 5.	•				
TITLE NAME			The second of th						
STREET ADDRESS			ton the tentum colors accompations become as a compation of the color of the color of the color of the color of						
CITY-ST-ZIP	~ 1		: ′		· · ·	.			
12. I hereby certify that the information supplied with this filling 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 indicated by Chapter 13.7 Florida Statutes, and that my same appears in Block 10 or Block 11 if									