

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90006 029 ****61.25

DOCUMENT # N01000008822

1. Entity Name
**DAYTONA BEACH METRO, FLORIDA CHAPTER OF
SPEBSQSA, INC.**



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**

40025696



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6166707

Applied For
Not Applicable

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

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAKER, CHRISTOPHER 3860 NAN TUCKET ISLAND DR PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHIEDER, W 1131 KEY LARGO CIRCLE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WHEELER, JAMES 3 OCEAN W BLVD 6-C67 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. James Wheeler **C. James Wheeler** 2/26/07 386-846-4456