2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000657

FILED Feb 18, 2004 Secretary of State

Entity Name: NEW SMYRNA BEACH HOSPITALITY MANAGERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4175 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 **Current Mailing Address: New Mailing Address:** 4175 S. ATLANTIC AVE P.O. BOX 2243 NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32170 FEI Number: 33-1054108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHERER, JOY 4175 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCHERER, JOY Name: Name: 4175 S. ATLANTIC AVE. Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition KENNOVIN, COLIN Name: CAGNEY, WALT Name: Address: P.O. BOX 1485 Address: 601 B. HERBERT ST City-St-Zip: NEW SMYRNA BEACH, FL 32170 City-St-Zip: PORT ORANGE, FL 32129 Title: () Delete Title: SD (X) Change () Addition GRISWOLD, CINDY SACHS, MELINDA Name: Name: 4139 S. ATLANTIC AVE. 3509 S ATLANTIC AVE Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169 Title: TD Title: TD (X) Change () Addition () Delete COFFIELD. JIM Name: Name: COFFIELD, JIM 2922 HOWLAND BLVD. 1275 W GRANADA BLVD Address: Address: City-St-Zip: DELTONA, FL 32725 City-St-Zip: ORMOND, FL 32174 Title: () Delete Title: (X) Change () Addition INGLES, TOM RUTA, TED Name: Name: 3509 S ATLANTIC BLVD Address: P.O. BOX 1485 Address: City-St-Zip: NEW SMYRNA BEACH, FL 32170 City-St-Zip: NEW SMYRNA BEACH, FL 32169 Title: () Delete Title: () Change (X) Addition FROST, CINDY Name: Name: Address: Address: 701 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM COFFIELD TD 02/18/2004

RICHARD VYSE- DIRECTOR 1401 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169