


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000001827		
1. Entity Name DAYTONA BEACHCOMBERS RUNNING CLUB INCORPORATED		
Principal Place of Business 290 MORNINGSIDE AVENUE DAYTONA BEACH, FL 32118	Mailing Address 290 MORNINGSIDE AVENUE DAYTONA BEACH, FL 32118	



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1174300	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 HIATT, ELWOOD (JERRY) 290 MORNINGSIDE AVENUE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		01/13/05-80032-015 61.25
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, JEFF 122 WOODBRIDGE CIR PORT ORANGE, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAY, SCOTT 20 SYCAMORE CIR ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NIEEULIN, COLEEN 3780 SWEET GROVE COURT PORT ORANGE, FL 32129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, CAROLE 1515 RUSTY CIRCLE PORT ORANGE, FL 32129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: CAROLE D. THOMAS *Carole Thomas* **1-8-05** **386-677-6891**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #