


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2006 8:00 am**  
**Secretary of State**

01-05-2006 90001 034 \*\*\*\*61.25

<b>DOCUMENT # N03000001827</b>	
1. Entity Name DAYTONA BEACHCOMBERS RUNNING CLUB INCORPORATED	

Principal Place of Business 290 MORNINGSID AVENUE DAYTONA BEACH, FL 32118	Mailing Address 290 MORNINGSID AVENUE DAYTONA BEACH, FL 32118
---	---

**60000017**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-1174300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
HIATT, ELWOOD (JERRY) 290 MORNINGSID AVENUE DAYTONA BEACH, FL 32118	

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, JEFF	NAME	
STREET ADDRESS	122 WOODBRIDGE CIR	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32119	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAY, SCOTT	NAME	
STREET ADDRESS	20 SYCAMORE CIR	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEEULIN, COLEEN	NAME	Nieowlin, Coleen
STREET ADDRESS	3780 SWEET GROVE COURT	STREET ADDRESS	3780 Sweet Grove Ct
CITY-ST-ZIP	PORT ORANGE, FL 32129	CITY-ST-ZIP	Port Orange FL 32129
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CAROLE	NAME	
STREET ADDRESS	1515 RUSTY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32129	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **1-3-06** **386-761-2256**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #