

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90030 003 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1174300	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HIATT, ELWOOD (JERRY) 290 MORNINGSIDE AVENUE DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME LEVINE, JEFF STREET ADDRESS 122 WOODBRIDGE CIR CITY-ST-ZIP PORT ORANGE, FL 32119	<input checked="" type="checkbox"/> Delete		TITLE President NAME Nicoulin, Coleen STREET ADDRESS 3780 Sweet Grove Ct CITY-ST-ZIP Port Orange, FL 32129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BAY, SCOTT STREET ADDRESS 20 SYCAMORE CIR CITY-ST-ZIP ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE Vice-President NAME Hiatt, Jerry STREET ADDRESS 290 Morningside Ave CITY-ST-ZIP Daytona Beach, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME NICOULIN, COLEEN STREET ADDRESS 3780 SWEET GROVE COURT CITY-ST-ZIP PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Foley, Monique STREET ADDRESS 228 Royal Bunes CITY-ST-ZIP Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME THOMAS, CAROLE STREET ADDRESS 1515 RUSTY CIRCLE CITY-ST-ZIP PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Pat Marshall STREET ADDRESS 615 Riverview Blvd CITY-ST-ZIP Daytona Beach, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Pat Marshall Tres</i>			3/5/08 3865668188		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		