## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Mar 16, 2004 8:00 am Secretary of State DOCUMENT # N03000002582 1. Entity Name 03-16-2004 90027 015 \*\*\*\*61.25 THE SUNSET LIONS CLUB OF DAYTONA BEACH, INC. Principal Place of Business Mailing Address 613 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL PO BOX 1588 14000136 DAYTONA BEACH FL 32115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For AP-PLIED FOR Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER, REBECCA M ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 57 NICHOLAS CT **ORMOND BEACH FL 32176** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE 街 Delete WALTER GEORGE Change TITLE Addition SCHNALKE, BILL NAME NAME 18 REED CANALAD #201 101 N PAUL REVERE DR STREET ADDRESS STREET ADDRESS S DAYTONA FL 32119 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ' Change Addition MCGLUMPHY, THOMAS A NAME NAME 1491 GRANADA AVE STREET ADDRESS STREET ADDRESS **HOLLY HILL FL 32117** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RUNTE, ERHARD NAME NAME 96 INLET HARBOR DR' STREET ADDRESS STREET ADDRESS PONCE INLET FL 32127 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ 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 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 propowered 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 addr

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