## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008187

City-St-Zip:

DAYTONA BEACH, FL 32114 US

FILED Apr 20, 2009 Secretary of State

Entity Name: DAYTONA BEACH YOUNG PROFESSIONALS GROUP, INC.

**Current Principal Place of Business: New Principal Place of Business:** 126 EAST ORANGE AVENUE DAYTONA BEACH, FL 32114 **Current Mailing Address: New Mailing Address:** 126 EAST ORANGE AVENUE DAYTONA BEACH, FL 32114 FEI Number: 43-2063522 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: CIOCCHETTI, MICHAEL 444 SEABREEZE BLVD SUITE 800 DAYTONA BEACH, FL 32118 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 (X) Change ( ) Addition WELLS, CRAIG PARSONS, KELLY Name: Name: 126 EAST ORANGE AVENUE Address: 126 EAST ORANGE AVENUE Address: City-St-Zip: DAYTONA BEACH, FL 32114 US City-St-Zip: DAYTONA BEACH, FL 32114 US Title: () Delete Title: (X) Change ( ) Addition PARSONS, KELLY Name: Name: BOWLER, CHRIS Address: 126 EAST ORANGE AVENUE Address: 126 EAST ORANGE AVENUE City-St-Zip: DAYTONA BEACH, FL 32114 US City-St-Zip: DAYTONA BEACH, FL 32114 US Title: (X) Delete Title: () Change () Addition SANDER, MAJA Name: Name: 126 EAST ORANGE AVENUE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 US City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: BOWLER, CHRIS Name: 126 EAST ORANGE AVENUE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: KELLY PARSONS P 04/20/2009