

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004301

FILED  
Mar 22, 2008  
Secretary of State

**Entity Name:** THE DAYTONA BEACH COMMUNITY DEVELOPMENT CORPORATION OF FLORIDA, INC.

**Current Principal Place of Business:**

449 S. MARTIN L. KING BLVD.  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

9142 ROYAL GATE DRIVE  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:** 20-2763990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, JAMES O SR  
9142 ROYAL GATE DRIVE  
WINDERMERE, FL 34786 US

**Name and Address of New Registered Agent:**

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:**

Title: DC ( ) Delete  
Name: WILLIAMS, JAMES O SR  
Address: 9142 ROYAL GATE DR  
City-St-Zip: WINDERMERE, FL 34786

Title: DS ( ) Delete  
Name: HOLLOWAY, ADRIAN  
Address: 100 BANTRY DR  
City-St-Zip: LAKE MARY, FL 32746

Title: DT ( ) Delete  
Name: JOHNSON, JOAN  
Address: 244 NORTH KEECH  
City-St-Zip: DAYTONA, FL 32114

Title: DV (X) Delete  
Name: RICHARDSON, BONNIE  
Address: 13800 SOUTH MAGNOLIA  
City-St-Zip: OCALA, FL 34473

Title: D ( ) Delete  
Name: JACKSON, CHARLES  
Address: 808 EAST LINE STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: NELSON, PATRICIA  
Address: 4817 PINE AVE  
City-St-Zip: COLEMAN, FL 33521

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: MCWILLIAMS, ADRIAN  
Address: P.O. BOX 951975  
City-St-Zip: LAKE MARY, FL 32795

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ADRIAN MCWILLIAMS

DS

03/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date