

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # N05000011486

1. Entity Name
BLACK CROW CHARITIES, INC.



Principal Place of Business
**126 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32114**

Mailing Address
**126 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32114**



04122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEMARCHI, FRANK
126 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000728648
05/08/07-80007-003 111.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KNERLER, STACEY
126 W INTERNATIONAL SPEEDWAY
DAYTONA BEACH, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DEVIS, JAMES L
126 W INTERNATIONAL SPEEDWAY
DAYTONA BEACH, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINN, J MICHAEL
126 W INTERNATIONAL SPEEDWAY
DAYTONA BEACH, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COBB, SHERRI
1510 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, AL
154 S BEACH STREET
DAYTONA BEACH, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEMARCHI, FRANK
126 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. DEVIS

4.12.07

386.255.9300

Date

Daytime Phone #