2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
07-14-2006 90027 002 ****61.25
FILED N05159

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05159

1. Entity Name
THE PONCE INLET COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
4670 S PENINSULA DRIVE PONCE INLET, FL 32127	4670 S PENINSULA DRIVE PONCE INLET, FL 32127

07032006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2458545 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURPHY, BECARDO 4680 S PENINSULA DR PONCE INLET, FL 32127	Name: Kassandra Esposito Blissett Street Address (P.O. Box Number is Not Acceptable): 4680 S. PENINSULA DR City: Ponce Inlet FL Zip Code: 32127

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] – TOWN MANAGER 7/11/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
KASSANDRA BLISSETT

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAGEY, SUSIE 4445 S. ATLANTIC AVE. #103 PONCE INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REDINGER, MARYANNE 9888 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HINSON, JIM 4745 S. ATLANTIC AVE PONCE INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SPRAGUE, CAROLYN 75 CINDY LANE PONCE INLET, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HINSON, MARY LOU 4745 S ATLANTIC AVE PONCE INLET, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUKSIS, HAZEL 91 JENNIFER CIR. PONCE INLET, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Susie Hagey 7/11/06 386-760-0615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Document corrected per Mary Lou Hinson. DSC