
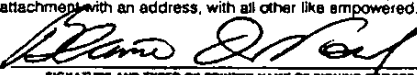


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-25-2007 90161 006 ****61.25
N06000005815

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

DOCUMENT # N06000005815					
1. Entity Name SOUTH DAYTONA COMMUNITY TRUST, INC.					
Principal Place of Business 1672 SOUTH RIDGEWOOD SOUTH DAYTONA, FL 32119			Mailing Address 1672 SOUTH RIDGEWOOD SOUTH DAYTONA, FL 32119		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMPSON, SCOTT E 595 WEST GRANADA BLVD. SUITE A ORMOND BEACH, FL 32174				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agents signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	MAYOR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAYMOND B. O'NEAL	NAME			
STREET ADDRESS	1672 S. RIDGEWOOD AVE. S.D 32119	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	COUNCIL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEORGE F. LOCKE	NAME			
STREET ADDRESS	1672 S. RIDGEWOOD AVE. S.D. 32119	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	COUNCIL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENNETH P. MCMILLEN	NAME			
STREET ADDRESS	1672 S. RIDGEWOOD AVE. S.D. 32119	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	COUNCIL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RONALD D. CLIFTON	NAME			
STREET ADDRESS	1672 S. RIDGEWOOD AVE. S.D. 32119	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	COUNCIL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NANCY A. LONG	NAME			
STREET ADDRESS	1672 S. RIDGEWOOD AVE. S.D. 32119	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 		4/10/07		386-322-3011	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

As per telephone conversation with

2.8/29