


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # N07000008166		
1. Entity Name SEABREEZE HIGH SCHOOL CENTENNIAL FOUNDATION, INC.		

Principal Place of Business 2700 N. OLEANDER AVENUE DAYTONA BEACH, FL 32118	Mailing Address 2700 N. OLEANDER AVENUE DAYTONA BEACH, FL 32118
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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

6. Name and Address of Current Registered Agent	
GREAVES, JON F 292 WILDWOOD LANE ORMOND BEACH, FL 32174	

FILED  
2008 SEP 15 AM 9:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



07182008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

600136147836  
09/19/08--01038--005 \*\*\$1.25

Filing Fee is \$61.25 Due by September 12, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CONTE, JUDITH G 40 NICHOLAS COURT ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Jennifer Camperella 113 Roble Ln. Ormond Bch, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARDEN, ASHLEY W 141 CUMBERLAND AVENUE ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GREAVES, JON F 292 WILDWOOD LANE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALLACE, ROBERT 2700 N. OLEANDER AVENUE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jon F. Greaves Jon F. Greaves, President. 07-22-08 386-677-1255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #