

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011418

FILED
Apr 30, 2009
Secretary of State

Entity Name: DAYTONA ROBOTICS ASSOCIATION, INC

Current Principal Place of Business:

C/O SHIRLEY A. OKHOVATIAN, CPA
926 SOUTH RIDGEWOOD AVE
DAYTONA BCH, FL 32114

New Principal Place of Business:

Current Mailing Address:

C/O SHIRLEY A. OKHOVATIAN, CPA
926 SOUTH RIDGEWOOD AVE
DAYTONA BCH, FL 32114

New Mailing Address:

FEI Number: 26-1571768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKHOVATIAN, SHIRLEY A CPA
926 S RIDGEWOOD AVE
DAYTONA BCH, FL 32114 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: P () Delete
Name: URQUHART, FRED
Address: 511 POWERS AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Delete
Name: BAUTISTA, DEXTER V
Address: 1353 N WEMBLEY CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: S () Delete
Name: RITCHIE, DEBORAH M
Address: 2 LAZY EIGHT DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: T () Delete
Name: OKHOVATIAN, SHIRLEY A CPA
Address: 4722 S PENINSULA DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: D () Delete
Name: URQUHART, DRUSILLA
Address: 511 POWERS AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: RITCHIE, WALLACE A
Address: 2 LAZY EIGHT DRIVE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: SHIRLEY A OKHOVATIAN

TRE

04/30/2009

Electronic Signature of Signing Officer or Director

Date