

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19418

FILED  
Jan 20, 2005  
Secretary of State

**Entity Name:** DAYTONA BEACH AREA CONVENTION AND VISTORS BUREAU, INC.

**Current Principal Place of Business:**

126 E. ORANGE AVENUE  
P. O. BOX 910  
DAYTONA BEACH, FL 32115

**New Principal Place of Business:**

**Current Mailing Address:**

126 E. ORANGE AVENUE  
P. O. BOX 910  
DAYTONA BEACH, FL 32115

**New Mailing Address:**

**FEI Number:** 59-2778577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH, 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: PT ( ) Delete  
Name: O' SHAUGHNESSY, JIM  
Address: PO BOX 2811  
City-St-Zip: DAYTONA BEACH, FL 32115

Title: VPT ( ) Delete  
Name: BOGER, ERNEST  
Address: 640 DR. MARY MCLEOD BETHUNE DR.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: STT ( ) Delete  
Name: FARLEY, STEVE  
Address: 9 SOUTH WILD OLIVE AVE.  
City-St-Zip: DAYTONA BEACH, FL 32118

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JIM O'SHAUGHNESSY

PT

01/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date