2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19418

FILED Jul 09, 2008 Secretary of State

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

Current P	rincipal Place of Busine	ss:	New Prince	ipal Place of Business:
P. O. BOX	ANGE AVENUE 910 BEACH, FL 32115			
Current M	ailing Address:		New Maili	ng Address:
P. O. BOX	ANGE AVENUE 910 BEACH, FL 32115			
n accordan	ce with s. 607.193(2)(b), F.S.,	the corporation did not receive	-	e.
vame and	Address of Current Reg	Jistered Agent:	Name and	Address of New Registered Agent:
50 MAGN	O CHARTER SERVICES, IOLIA AVENUE BEACH, FL 32114 US	_		
	named entity submits this e of Florida.	statement for the purpose of	of changing i	ts registered office or registered agent, or both
IGNATU				
IGNATU		e of Registered Agent		Date
SIGNATUI OFFICER:		e of Registered Agent	ADDITION	Date S/CHANGES TO OFFICERS AND DIRECTO
OFFICERS itle: ame: ddress:	Electronic Signatur		ADDITION Title: Name: Address: City-St-Zip:	
DFFICER: itle: ame: diress: itly-St-Zip: itle: lame: ddress:	Electronic Signature S AND DIRECTORS: C () Delete O' SHAUGHNESSY, JIM PO BOX 2811	5 PEEDWAY BLVD.	Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTO
	Electronic Signature S AND DIRECTORS: C () Delete O' SHAUGHNESSY, JIM PO BOX 2811 DAYTONA BEACH, FL 3211: VC () Delete FAGAN, CHRIS 1798 W. INTERNATIONAL SI	5 PEEDWAY BLVD. 4	Title: Name: Address: City-St-Zip: Title: Name: Address:	SICHANGES TO OFFICERS AND DIRECTO
DFFICER: ame: ddress: itty-St-Zip: ittle: ame: ddress: itty-St-Zip: ittle: ame: ddress: itty-St-Zip:	Electronic Signature S AND DIRECTORS: C () Delete O' SHAUGHNESSY, JIM PO BOX 2811 DAYTONA BEACH, FL 3211: VC () Delete FAGAN, CHRIS 1798 W. INTERNATIONAL SI DAYTONA BEACH, FL 3211: STT () Delete MOLNAR, FRANK 2435 S. ATLANTIC AVENUE	5 PEEDWAY BLVD. 4	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition

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: SHARON A. MOCK PRES 07/09/2008