

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90354 032 ****61.25

60029393



03292006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2880288** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, S. LARUE
150 SOUTH PALMETTO
DAYTONA BEACH, FL 32114

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: *S. Larue Williams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/06
Date

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COVINGTON, SYLVESTER 663 MADISON AVENUE DAYTONA BEACH, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVINGTON, GARRETTE B. 663 MADISON AVENUE DAYTONA BEACH, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ELAM, MICHAEL A 1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 321202811	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, ETHELREDA T 339 MARTIN LUTHER KING DAYTONA BEACH, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SESSOMS, ROBERT 801 WHITE STREET DAYTONA BEACH, FL 32114	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HALE, JEAN A 220 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 lines empowered.

SIGNATURE: *Sylvester Covington* SYLVESTER COVINGTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 386-239-9755
Date Daytime Phone #