FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29825 (9)

1. Corporation Name

DAYTONA BEACH SHORES CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business	Mailing Address
C/O PHYLLIS DISHER 3048 S. ATLANTIC AVENUE DAYTONE BEACH SHORES FL 32118-3102 US	C/O PHYLLIS DISHER 3048 S. ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1988
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1494211 ☐ Applied For ☑ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 3048 S. ATLANTIC AVE	Suite, Apt. #, etc.: 27 3048 S. ATLANTIC AVE
City & State: 23 DAYTONA BEACH SHORES, FL 32118-3102	City & State: 28 DAYTONA BEACH SHORES, FL
Zip: 24 32118-3102 Country: 25 VOLUSIA	Zip: 29 32118 Country: 30 VOLUSIA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NORTHRUP, GREG 3048 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118	81 Name: TRAFTON, JILL 82 Street Address (P.O. Box Number is Not Acceptable): 2801 S. ATLANTIC AVE. 83 84 City: DAYTONA BEACH SHORES FL 85 Zip Code: 32118

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: M. Jillian Trafton — 3/14/95 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☑ Change ☐ Addition
TITLE	PD	11 TITLE	PD
NAME	NORTHRUP, GREG	12 NAME	TRAFTON, JILL
STREET ADDRESS	3048 S ATLANTIC AVW	13 STREET ADDRESS	2801 S. ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	14 CITY-ST-ZIP	DAYTONA BEACH SHORES FL
TITLE	VP	21 TITLE	VP
NAME	APPLEGATE, MARK	22 NAME	APPLEGATE, MARK
STREET ADDRESS	3301 S. ATLANTIC AVENUE	23 STREET ADDRESS	3301 S. ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH SHORE FL	24 CITY-ST-ZIP	DAYTONA BEACH SHORES FL
TITLE	SD	31 TITLE	SD
NAME	PARKES, KIM	32 NAME	SUE REGISTER
STREET ADDRESS	3511 S PENINSULA DR	33 STREET ADDRESS	2300 S. ATLANTIC AVE.
CITY-ST-ZIP	DAYTONA BEACH FL	34 CITY-ST-ZIP	DAYTONA BEACH SHORES FL
TITLE	TD	41 TITLE	TD
NAME	TRAFTON, JILL	42 NAME	RHONDA GIASNAK
STREET ADDRESS	2801 S ATLANTIC AVE	43 STREET ADDRESS	3703 S. ATLANTIC
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	44 CITY-ST-ZIP	DAYTONA BEACH SHORES FL
TITLE	D	51 TITLE	D
NAME	DAVIS, ROBERT	52 NAME	DAUBNER, DAVID
STREET ADDRESS	2025 S. ATLANTIC AVENUE	53 STREET ADDRESS	808 DUNLAWTON AVE
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	54 CITY-ST-ZIP	PORT ORANGE FL
TITLE	D	61 TITLE	D
NAME	MICKER, TED	62 NAME	NORTHRUP, GREG
STREET ADDRESS	2801 S. ATLANTIC AVE	63 STREET ADDRESS	3048 S. ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	64 CITY-ST-ZIP	DAYTONA BEACH SHORES FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. Jillian Trafton — 3/14/95 (Date) — 788-6600 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. JILLIAN TRAFTON, PRESIDENT

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