

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N29825 (9)

1. Corporation Name

DAYTONA BEACH SHORES CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business

Mailing Address

C/O SHARON JACKSON
3048 S. ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118-3102
US

3048 S. ATLANTIC AVE
3048 S. ATLANTIC AVE
DAYTONA BEACH SH 32118
US

2. Principal Place of Business

21 3048 S. Atlantic Ave.

Suite, Apt. #, etc.

22

City & State

23 Daytona Beach Shores, FL

Zip

24 32118-3102

Country

25 USA

2a. Mailing Address

26 3048 S. Atlantic Ave.

Suite, Apt. #, etc.

27

City & State

28 Daytona Beach Shores, FL

Zip

29 32118

Country

30 USA

9. Name and Address of Current Registered Agent

GLASNAK, RHONDA
3703 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32118

3. Date Incorporated or Qualified

12/21/1988

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

John West

82

Street Address (P.O. Box Number is Not Acceptable)

3420 S. Atlantic Ave.

83

84

City
Daytona Beach Shores

FL

85 Zip Code
32118

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

7-13-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GLASNAK, RHONDA
STREET ADDRESS 3703 S. ATLANTIC AVE.
CITY-ST-ZIP DAYTONA BEACH SHORES FL

TITLE VD ☐ DELETE

NAME WEST, JOHN
STREET ADDRESS 3420 S. ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH SHORES FL

TITLE SD ☐ DELETE

NAME MANDALA, PAULETTE
STREET ADDRESS 14 VENETIAN WAY NORTH
CITY-ST-ZIP DAYTONA BEACH SHORES FL

TITLE TD ☒ DELETE

NAME JACKSON, ROBERT
STREET ADDRESS 400 VENTURE DRIVE, STE. A
CITY-ST-ZIP SOUTH DAYTONA FL

TITLE D ☐ DELETE

NAME TRAFTON, JILL
STREET ADDRESS 2801 S. ATLANTIC AVE.
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☒ DELETE

NAME DAUBNER, DAVID
STREET ADDRESS 2701 S. RIDGEWOOD AVE., STE. C10
CITY-ST-ZIP SOUTH DAYTONA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME West, John
1.3 STREET ADDRESS 3420 S. Atlantic Ave
1.4 CITY-ST-ZIP Daytona Beach Shores, FL 32118

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME Mandala, Paulette
2.3 STREET ADDRESS 14 Venetian Way North
2.4 CITY-ST-ZIP Daytona Beach Shores, FL 32118

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Schamay, Scott
3.3 STREET ADDRESS 3280 S. Atlantic
3.4 CITY-ST-ZIP Daytona Beach Shores, FL 32118

4.1 TITLE T ☐ Change ☒ Addition

4.2 NAME Rehavick, Daniel
4.3 STREET ADDRESS 1010 N. Swallowtail Dr. Apt 1002
4.4 CITY-ST-ZIP Port Orange, FL 32119

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME Trafton, Jill
5.3 STREET ADDRESS 2801 S. Atlantic Ave.
5.4 CITY-ST-ZIP Daytona Beach Shores, FL 32118

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME Glasnak, Rhonda
6.3 STREET ADDRESS 3703 S. Atlantic Ave
6.4 CITY-ST-ZIP Daytona Beach Shores, FL 32118

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Rehavick

7-12-98

Date

904-756-0752

Daytime Phone #

CR2E037 (5/98)

FILED
Jul 22 1998 8:00am
Secretary of State

