

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90014 027 ****61.25

DOCUMENT # N29825 ✓

1. Corporation Name

DAYTONA BEACH SHORES CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business

3048 S ATLANTIC AVENUE
3048 S. ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118-102
US

Mailing Address

3048 S ATLANTIC AVENUE
3048 S. ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

WEST, JOHN
3420 S ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **WEST, JOHN**
CITY-ST-ZIP **3420 S ATLANTIC AVENUE**
DAYTONA BEACH SHORES FL 32118

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **MANDALA, PAULETTE**
CITY-ST-ZIP **14 VENETIAN WAY NORTH**
DAYTONA BEACH SHORES FL 32118

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **SCHAMAY, SCOTT**
CITY-ST-ZIP **3280 S ATLANTIC**
DAYTONA BEACH SHORES FL 32118

TITLE ☒ DELETE

NAME **T**
STREET ADDRESS **REHANCK, DANIEL**
CITY-ST-ZIP **1010 N SWALLOWTAIL DRIVE, APT 1002**
PT ORANGE FL 32119

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **TRAFTON, JILL**
CITY-ST-ZIP **2801 S. ATLANTIC AVE.**
DAYTONA BEACH FL 32118

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **GLASNAK, RHONDA**
CITY-ST-ZIP **2703 S ATLANTIC AVENUE**
DAYTONA BEACH SHORES FL 32118

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TREASURER
TOM BOLL
2020 S. ATLANTIC
DAYTONA BEACH SHORES, FL 32118

D
REV. LARRY DEITCH
3140 S. ATLANTIC
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-8-99

904-676-9326

CR2E037 (5/99)

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