

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90029 007 \*\*\*\*61.25

**DOCUMENT # N29825**

1. Entity Name

**DAYTONA BEACH SHORES CHAMBER OF COMMERCE,  
INCORPORATED**



Principal Place of Business

**3048 S ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118  
US**

Mailing Address

**3048 S ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1494211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLINT, TRACY  
1000 15TH ST, #1302  
HOLLY HILL FL 32117**

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

*Tracy Flint*

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

(NOTE: Registered Agent signature required when reinstating)

*3/5/04*

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **TUBIN, JAMES H**  
STREET ADDRESS **454 S. YONGE ST.**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **President** ☒ Change ☐ Addition  
NAME **Gail Hinton**  
STREET ADDRESS **350 E International Speedway Blvd.**  
CITY-ST-ZIP **Deland, FL**

TITLE **VD** ☐ Delete  
NAME **BOIVIN, CONNIE**  
STREET ADDRESS **2301 S. ATLANTIC AVE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Wayne Travassos**  
STREET ADDRESS **2301 S. Atlantic Ave**  
CITY-ST-ZIP **Daytona Beach Shores 32118**

TITLE **SD** ☐ Delete  
NAME **DEMARCHI, FRANK**  
STREET ADDRESS **111 INT'L SPEEDWAY BLVD**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **← SAME** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **HINTON, GAIL**  
STREET ADDRESS **2025 S. ATLANTIC AVE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Susan Pesce**  
STREET ADDRESS **2300 S. Atlantic Ave**  
CITY-ST-ZIP **Daytona Beach Shores FL 32118**

TITLE **SD** ☒ Delete  
NAME **HARAPAS, CAROLINE**  
STREET ADDRESS **3640 S ATLANTIC AVE**  
CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32127**

TITLE **Previous Past President** ☒ Change ☐ Addition  
NAME **Jim Tobin**  
STREET ADDRESS **454 S. Yonge St.**  
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **D** ☒ Delete  
NAME **DEITCH, LARRY**  
STREET ADDRESS **31440 S. ATLANTIC AVE.**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **General Manager** ☐ Change ☐ Addition  
NAME **Connie Boivin**  
STREET ADDRESS **481 Deltona Blvd.**  
CITY-ST-ZIP **Deltona FL 32725**

12. 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 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 like empowered.

SIGNATURE:

*Tracy Flint*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/5/04* (386)  
*761-7163*

Date

Daytime Phone #