

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

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

Tracy Flint **Tracy Flint Executive Director**

7-29-05

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

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. P OFFICERS AND DIRECTORS

TITLE: **HINTON, GAIL** ☐ Delete
NAME: **350 INTERNATIONS SPEEDWAY BLVD.**
STREET ADDRESS: **DELAND F FL 32174**
CITY-ST-ZIP: **VP**

TITLE: **TRAVASSOS, WAYNE** ☐ Delete
NAME: **2301 S. ATLANTIC AVE**
STREET ADDRESS: **DAYTONA BEACH FL 32118**
CITY-ST-ZIP: *** Board of Directors**

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

TITLE: **PESCE, SUSAN** ☐ Delete
NAME: **2300 S. ATLANTIC AVE**
STREET ADDRESS: **DAYTONA BEACH FL 32118**
CITY-ST-ZIP: **PPP**

TITLE: **TOBIN, JIM** ☐ Delete
NAME: **454 S YONGE ST**
STREET ADDRESS: **ORMOND BEACH FL 32174**
CITY-ST-ZIP: **GM**

TITLE: **BOIVIN, CONNIE** ☐ Delete
NAME: **481 DELTONA BLVD.**
STREET ADDRESS: **DELTONA FL 32725**
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **President Tom Maddux** ☐ Change ☐ Addition
NAME: **454 S. Yonge St.**
STREET ADDRESS: **Ormond Bch FL 32174**
CITY-ST-ZIP:

TITLE: **Vice President** ☐ Change ☐ Addition
NAME: **Tom Jordan**
STREET ADDRESS: **4240 S. Ridgewood Ave #3**
CITY-ST-ZIP: **Port Orange FL 32127**

TITLE: **Treasurer** ☐ Change ☐ Addition
NAME: **James Rose**
STREET ADDRESS: **222 Seabreeze Blvd.**
CITY-ST-ZIP: **Daytona Bch, FL 32118**

TITLE: **Secretary** ☐ Change ☐ Addition
NAME: **Athas Konelas DMD PA**
STREET ADDRESS: **3162 S. Atlantic Ave**
CITY-ST-ZIP: **Daytona Bch Shores, FL 32118**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP:

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*

FILED
05 SEP 19 PM 1:03

SECRETARY OF STATE



08/24/05 90057 015 561-25
2nd MOORE CR2E037 (5/05)

8/9/19