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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

N36078

(6)

SECOND AVENUE MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address



ed 11, 1966 9042528/25

| 312 SECOND AVE.<br>DAYTONA BCH FL 32114<br>US                                 |  | 312 SECOND AVE.<br>DAYTONA BCH FL 32114<br>US   |  | Date Incorporated or Qualified                                 | 3a. Date of Las  | st Report   |   |
|---|--|---|--|--|--|---|---|
|   |  |   |  |  | 01/09/1990   | 08/10/  |   |
| 2. Principal Pla  | ce of Business   | 2a. Mailing Address:  | IJ   | 41.1   | 4. FEI Number  |   | Applied For   |
|   |  | 26 3/2 De   | hune   | Blvd   | 59-2996433   |   | Not Applicable                                      |
| 32  | Bethune Blud   | Suite, Apt #, etc.  | Bch  | F/   | 5. Certificate of Status Desired   | 7 - 1   | 5 Additional<br>e Required                          |
| State & State   | tong Bol Fl  | Oity & State 28 3 3 1 1 4   | U  | S  | Election Campaign Financing     Trust Fund Contribution  |   | 00 May Be<br>led to Fees                            |
| Zip 32  | Country 25 11S   | Ziρ   | Coun   | try  | 8. This corporation has liability for in Florida Statutes  | ntangible tax under<br>Yes 🔲 No                                     | s. 199.032,   |
| 1001  | 9. Name and Address of Current   | Registered Agent  | 30   |  | 10. Name and Address of New Re   | <u> </u>  |   |
|   | 5. Hame and Address of Content   | negistered regent   |  | Name   | 10. 1101110 0.10 1.00 0.10 1.10 1.10   |   |   |
| 1000  | 0.44   |   |  |  |  |   | <u>.                                    </u>        |
| LOWE, J   |  | 82 Street A   |  | Street Addre   | ess (P.O. Box Number is Not Acceptable   | a)  |   |
|   | IDGEWOOD AVE   |   | -  | 33   |  |   |   |
| DAYTON  | A BEACH FL 32114   |   | [`   |  |  |   |   |
|   |  |   | [4   | 34 City  |  | FL 85   | Zip Code  |
| or registere<br>familiar with<br>SIGNATURE                                    | d agent, or both, in the State of Florid<br>n, and accept the obligations of, Sectional<br>agrantic typed or printed name of eight read agent a  | a. Such change was authori<br>on 617.0503, Florida Statute  | ized by the co<br>es.                                      | orporation's board   | ation submits this statement for the purp<br>d of directors. I hereby accept the appo  | intment as registere  | ed agent. I am                                      |
| 12.   | OFFICERS AND   |   | 13.  | <u> </u>   | ADDITIONS/CHANGES TO OFFI  | CERS AND DIRECT   | FORS IN 12  |
| IITLE   | VPD  | DEFELE  | 1 1 TITU   | E  |  | ☐ Change  | Addition  |
| NAME  | HAYMES, BARBARA  |   | 1.2 NAM  | AE   |  |   |   |
| STREET ADDRESS  | 522 M M BETHUNE BLVD   |   | 13 STR   | EET ADDRESS  |  |   |   |
| CHTY+S1-ZIP   | DAYTONA BEACH FL   |   | 14 CIT   | r-ST-ZIP   |  |   |   |
| IIILE   | PD   | DELETE  | 2 1 TITL   | F  |  | Change  | Addition  |
| NAME  | PERMAN, SHEPPARD   |   | 2 2 NAI  | AE :   |  |   |   |
| STREET ADDRESS  | 316 M M BETHUNE BLVD   |   | 2 3 STF  | EET ADDRESS  |  |   |   |
| CITY-ST-ZIP   | DAYTONA BEACH FL   |   | 2 4 011  | Y-SI-ZIP   |  |   |   |
| TITLE   | VPD  | DELETE  | 3 1 TITI   | .E   |  | ☐ Changi  | e 🔲 Addition  |
| NAME  | TRAGER, WARREN   |   | 3.2 NA   | JE .   |  |   |   |
| STREET ADDRESS  | 312 M M BETHUNE BLVD   |   | 3 3 STF  | EET ADDRESS  |  |   |   |
| CITY - ST - ZIP   | DAYTONA BEACH FL   |   | 3.4 CII  | Y-SI-ZIP   |  |   |   |
| TITLE   | SD   | DELETE  | 4 1 1111   | .F   |  | ☐ Chang   | e 🔲 Addition  |
| NAME  | Trager, Ruth   |   | 4 2 NA   | ME   |  |   |   |
| STHEET ACIDRESS   | 312 M M BETHUNE BLVD   |   | 4 3 STF  | IEET ADDRESS   |  |   |   |
| CITY - ST - ZIP   | DAYTONA BCH FL   | -1.1  | 4.4 CIT  | Y-SF-ZIP   |  |   | -   |
| TITLE   |  | DEFELE  | 5 1 TIT  | .F   |  | ☐ Chang   | e 🔲 Addition  |
| NAME  |  |   | 5.2 NAI  | ME   |  |   |   |
| STREET ADDRESS  |  |   | 53STI  | EET ADORESS  |  |   |   |
| CITY - S1 - ZIP   |  |   | 5 4 CIT  | Y-ST-ZIP   |  | part,   |   |
| TITLE   |  | ☐ DÉLÉTE  | 6 1 711  | L <b>E</b>   |  | ☐ Chang   | e 🔲 Addit on  |
| NAME  |  |   | 6.2 NA   | WE   |  |   |   |
| STREET ADDRESS  |  |   | 6 3 ST   | REET ADDRESS   |  |   |   |
| CITY-ST-ZIP   |  |   | 6 4 CIT  | Y-ST-ZIP   |  |   |   |
| <ol> <li>I do hereb<br/>certify that<br/>oath; that<br/>appears in</li> </ol> | y certify that the information supplied withe information indicated on this annutiam an officer or director of the corport Block 12 or Blo | vith this filing is voluntarily fu<br>al report or supplemental ar<br>ration or the receiver or trus<br>in an attachment with an ad | irnished and o<br>nnual report is<br>tee empower<br>Idress | toes not qualify for<br>true and accural<br>ad to execute this | or the exemption stated in Section 119,<br>te and that my signature shall have the<br>s report as required by Chapter 617, Flo | U7(3)(k), Florida Sta<br>same legal effect a<br>orida Statutes; and | tutes. I further<br>s if made under<br>that my name |