

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N47650** (9)

1. Corporation Name

DAYTONA OFFICIALS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% DAYTONA BEACH RECREATION DEPT
106 E ORANGE AVE
DAYTONA BEACH FL 32114

883 VILLAGE DR.
% ELINOR SHERIFF
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified
03/03/1992

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPITAL CONNECTION INC
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301**

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 in duplicate

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HALL, DENNIS E DELETE
STREET ADDRESS 2326 S. PENINSULA DR.
CITY - ST - ZIP DAYTONA BEACH FL 32118

11 TITLE Change Addition

TITLE D
NAME GIORDANO, THOMAS DELETE
STREET ADDRESS 882 VILLAGE DR
CITY - ST - ZIP ORMOND BCH FL 32174

12 NAME

TITLE DT
NAME ELINOR, SHERIFF DELETE
STREET ADDRESS 883 VILLAGE DR.
CITY - ST - ZIP ORMAOND BCH. FL 32174

13 STREET ADDRESS

TITLE DELETE

14 CITY - ST - ZIP

TITLE DELETE

21 TITLE Change Addition

TITLE DELETE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **ELINOR B SHERIFF** Elinor Sheriff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

904 473-0010

Date

Daytime Phone #

CR2E037 (12/95)