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Mar 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
108 E ORANGE AVE
DAYTONA BEACH FL 32114
883 VILLAGE DR.
% ELINOR SHERIFF
ORMOND BEACH FL 32174-6141

3. Date Incorporated or Qualified 03/03/1992
3a. Date of Last Report 05/14/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	NOT APPLICABLE	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
25	30		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]* DATE 3/9/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HALL, DENNIS E	1.2 NAME	
STREET ADDRESS	2326 S. PENINSULA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	GIORDANO, THOMAS	2.2 NAME	
STREET ADDRESS	882 VILLAGE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32174	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	ELINOR, SHERIFF	3.2 NAME	
STREET ADDRESS	883 VILLAGE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMAOND BCH. FL 32174	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

[Signature]

3-9-97 904

CR2E037 (9/96)