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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

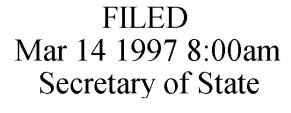
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N47650

(9)

DAYTONA OFFICIALS ASSOCIATION, INC.

Principal	Place	of	Business





& DAYTONA BEACH RECREATION DEPT 883 VIII 08 E ORANGE AVE % ELIN			883 VILLAGE DR. % ELINOR SHERIFF				
		% EI					
		JOND BEACH FL 32174-6141				3. Date Incorporated or Qualified 03/03/1992 3a. Date of Last Report 05/14/1996	
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number Applied For
21 26						NOT APPLICABLE Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27	65 A 60-1-				Fee Required
City & State	0		City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Zip	Country			Trust Fund Contribution
	25	29	zip	30	JI ILI Y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
24	9. Name and Address of Curre		tered Agent	130	Γ		10. Name and Address of New Registered Agent
					81	Name	
CAPITAL	CONNECTION INC				82	Stroot /	Address (P.O. Box Number is Not Acceptable)
417 E VIR					02	Street	Address (F.O. Box Number is Not Acceptable)
SUITE 1					83		
	SSEE FL 32301				84	Cit.:	85 Zip Code
					il	City	FLI I
11. Pursuant	to the provisions of Sections 617.05	02 and 6	17.1508, Florida SI	alutes, the a	bove	-named	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
office or r agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	e or Flori gations o	da. Such change w I, Section 617.0503	ras aumonze 3. Florida Sta	a by tutes	ine corp s.	rporation's poard of directors. Thereby accept the appointment as registered
SIGNATURE	- Strentt-	-					-379/97
	Signature, typed or printed name a ton sered a				d Age	nt signature	re required when reinstating) DATE
12.	OFFICERS AI	ND DIREC		13.		<u>-</u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 T			Change Addition
NAME	HALL, DENNIS E			1.2 N			
STREET ADDRESS	2326 S. PENINSULA DR.					ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		DELETE		11Y-S	1 - 7IP	Change Addition
TITLE	D THOMAS	_					Ullenge Distriction
NAME	GIORDANO, THOMAS			2.2 N		*DD0100	
STREET ADDRESS	882 VILLAGE DR ORMOND BCH FL 32174					ADDRESS ST-ZIP	
CITY-ST-ZIP TITLE	DT		DELETE	3.1 T		01- ZIF	Change Addition
NAME	EUNOR, SHERIFF			3.2 N			
STREET ADDRESS	883 VILLAGE DR.					ADDRESS	
CITY-ST-ZIP	ORMAOND BCH. FL 32174					31 - ZIP	
TITLE	OTHER DOTH TE GETT		☐ DELETE	4.1 T		,, ,,,	Change Addition
NAME				4.21	NAME	i	
STREET ADDRESS				4.3 S	TRECT	ADDRESS	
CITY-ST-ZIP				4.4 C	ITY-S	T-ZIP	
TITLE			☐ DELETE	5.1 T	(1LE		Change Addition
NAME				5.2 N	AME		
STREET ADDRESS				5.3 S	TREET	ADDRESS	
CITY-ST-ZIP					ITY - S	T- ZIP	
TITLE	, , , , , , , , , , , , , , , , , , , ,		DELETE				Change Addition
NAME				6.2 N	AME		
STREET ADDRESS				6.3 S	TREET	ADDRESS	
CITY - ST - ZIP				6.4 0	ITY - S	T-21P	

I do hereby certify that the information supplied with this filling 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 undor 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 atlachment with an address.