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FILED

Apr 30 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 # N93000004872 (8)

1. Corporation Name

GREATER DAYTONA BEACH BUSINESS GUILD, INC.

Principal Place of Business

Mailing Address

801 N PENINSULA DR  
DAYTONA BEACH FL 32118

P O BOX 263148  
DAYTONA BEACH FL 32126-3148  
US



3. Date Incorporated or Qualified  
10/25/1993

3a. Date of Last Report  
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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4. FEI Number  
59-3261309

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

HATCHETT, GRADY  
1906 N HALIFAR DR  
SUITE 903  
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name James A. Camp  
82 Street Address (P.O. Box Number is Not Acceptable)  
801 N. Peninsula Dr  
83  
84 City DAYTONA BEACH FL 85 Zip Code 32118

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

James A. Camp - P-D

4/21/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMP, JAMES	
STREET ADDRESS	801 N PENINSULA DR	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROTHFUSS, KAREN	
STREET ADDRESS	111 N HALIFAR DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HATCHETT, GRADY	
STREET ADDRESS	1906 N HALIFAR DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILDER, JOEL	
STREET ADDRESS	5894 WOODPOINT TERRACE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James A. Camp	
1.3 STREET ADDRESS	801 N. Peninsula Dr	
1.4 CITY-ST-ZIP	Daytona Beach, FL 32118	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ray Violette	
2.3 STREET ADDRESS	615 Main St	
2.4 CITY-ST-ZIP	Daytona Beach, FL 32118	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Eric Gillen	
3.3 STREET ADDRESS	325 Flushing Ave	
3.4 CITY-ST-ZIP	Daytona Beach, FL 32118	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: James A. Camp - P-D James A. Camp 4/21/97 904-248-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: 0003808

CR2E037 (9/96)