

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90081 048 ****61.25

DOCUMENT # N93000004872

1. Corporation Name

GREATER DAYTONA BEACH BUSINESS GUILD, INC.

Principal Place of Business
801 N PENINSULA DR
DAYTONA BEACH FL 32118

Mailing Address
P O BOX 263148
DAYTONA BEACH FL 32118
US

472435 - 90081 - 48



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/25/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3261309

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMP, JAMES A
801 N. PENINSULA DRIVE
DAYTONA BEACH FL 32118

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CAMP, JAMES
STREET ADDRESS 801 N PENINSULA DR
CITY-ST-ZIP DAYTONA BEACH SHORES FL

1.1 TITLE ☐ Change ☐ Addition

NAME CAMP, JAMES

STREET ADDRESS 801 N PENINSULA DR
CITY-ST-ZIP DAYTONA BEACH SHORES FL

1.2 NAME

1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME CORLIS, JERRY
STREET ADDRESS 2712 N HALIFAX DR
CITY-ST-ZIP DAYTONA BEACH FL 32118

2.1 TITLE ☐ Change ☐ Addition

NAME CORLIS, JERRY

STREET ADDRESS 2712 N HALIFAX DR
CITY-ST-ZIP DAYTONA BEACH FL 32118

2.2 NAME

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☒ DELETE

NAME GILLEN, ERIC
STREET ADDRESS 325 FLUSHING AVE.
CITY-ST-ZIP DAYTONA BEACH FL

3.1 TITLE ☒ Change ☐ Addition

NAME GILLEN, ERIC

STREET ADDRESS 325 FLUSHING AVE.
CITY-ST-ZIP DAYTONA BEACH FL

3.2 NAME

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME MATTHEWS, JAY
STREET ADDRESS 605 GOODALL AVE
CITY-ST-ZIP DAYTONA BCH FL 32118

4.1 TITLE ☐ Change ☐ Addition

NAME MATTHEWS, JAY

STREET ADDRESS 605 GOODALL AVE
CITY-ST-ZIP DAYTONA BCH FL 32118

4.2 NAME

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

JAMES A. CAMP

4/29/99

904-248-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)