

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90125 042 \*\*\*\*61.25

4/16

**DOCUMENT # N93000004872**

1. Entity 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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PROUD, KEITH 2985 NOVA RD ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CORLIS, JERRY 1311 CENTER AVENUE HOLLY HILL FL 32117 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAULKINS, MIKE 299 MICHAEL AVE HOLLY HILL FL 32127 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PHILLIPS, GORDON 106 DOUGLAS DR HOLLY HILL FL 32117 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CORLIS, JERRY PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1293 GRANADA AVE HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DENNIS, MICHAEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 61 IVANHOE DR V.D ORMOND BEACH FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	KURT WHITE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 55 SHADOW CREEK WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry Corlis JERRY CORLIS PD mar 8 04 (3FL) 239-8979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #



Jim Zingale  
Executive Director

*Attachment*  
**DEPARTMENT OF REVENUE**

TALLAHASSEE, FLORIDA 32399-0100

General Tax Administration  
Child Support Enforcement  
Property Tax Administration  
Administrative Services  
Information Services

*66416574*  
*# N9 300004872*

APRIL 08, 2004

DIVISION OF CORPORATIONS  
ANNUAL REPORT SECTION  
PO BOX 6850  
TALLAHASSEE, FL 32314

CK#1088  
AMT:\$61.25  
SCREENER:1391

We are returning remittance (s) listed below for the following reasons, as indicated by an X.

XX Check/Money Order/Document(s) sent to Florida Department of Revenue in error.

Unable to identify- if this remittance is for taxes administered by the Florida Department of Revenue, please enclose appropriate tax return with your tax identification number and return to the address indicated below.

If this is in payment of Federal taxes, please send to the Internal Revenue Service Center, Atlanta, Georgia 39901.

Your check or money order is not payable to the Florida Department of Revenue and/or is incomplete. Actual payment of taxes cannot be accounted for until this Department receives a correctly completed valid check or money order.

We are returning the attached documentation relating to vehicle title, registration and/or vehicle license tag. The Florida Department of Highway Safety and Motor Vehicles or the local tax collector/tag agency should be contacted. You may contact the Florida Department of Highway Safety, Title & Registration at (850) 488-3881.

Postal Damage- Your remittance has been damaged by the postal process. We are returning your damaged property. Please complete and forward the enclosed coupon with your response.

Other:

SENT FOR GREATER DAYTONA BEACH BUSINESS GUILD, DAYTONA BEACH, FL 32118.

Please include this correspondence and any postmarked envelope(s) along with your response to:

Florida Department of Revenue  
Return & Revenue Processing  
5050 W. Tennessee Street, Bldg k  
Tallahassee, FL 32399-0100