

# 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

<b>DOCUMENT # N93000004872</b>					
<b>1. Entity Name</b> GREATER DAYTONA BEACH BUSINESS GUILD, INC.					
<b>Principal Place of Business</b> 801 N PENINSULA DR DAYTONA BEACH FL 32118			<b>Mailing Address</b> P O BOX 263148 DAYTONA BEACH FL 32118 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 59-3261309	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CAMP, JAMES A 801 N. PENINSULA DRIVE DAYTONA BEACH FL 32118				<b>7. Name and Address of New Registered Agent</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____					
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when registering)					
DATE					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make Check Payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>PROUD, KEITH</b> 2985 NOVA RD ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CORLIS, JERRY PD</b> 1293 GRANADA AVE HOLLY HILL, FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>CORLIS, JERRY</b> 1311 CENTER AVENUE HOLLY HILL FL 32117	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DENNIS, MICHAEL</b> 61 IVANHOE DR V.D ORMOND BEACH FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <b>CAULKINS, MIKE</b> 299 MICHAEL AVE HOLLY HILL FL 32127	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>KURT WHITE SD</b> 55 SHADOW CREEK WAY ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>PHILLIPS, GORDON</b> 106 DOUGLAS DR HOLLY HILL FL 32117	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SAME.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jerry Corlis</u> <u>JERRY E. CORLIS PD</u> <u>mar 8-04</u> <u>(386) 239-8979</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					



Jim Zingale  
Executive Director

# DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

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

*Attachment*  
*66416574*  
*# N9 3000004872*

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