

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90019 028 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052005 Chg-NP CR2E037 (10/03)	
. Zip		Country		4. FEI Number 59-3261309 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMP, JAMES A 801 N. PENINSULA DRIVE DAYTONA BEACH, FL 32118			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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORLIS, JERRY		NAME	SIM CAMP	
STREET ADDRESS	1293 GRANADA AVE		STREET ADDRESS	801 N. PENINSULA DR	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, MICHAEL		NAME	SUSAN MCDANIELS	
STREET ADDRESS	61 IVANHOE DR		STREET ADDRESS	75 BROOKWOOD DR	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, KURT		NAME	JOHN MCDANIELS	
STREET ADDRESS	55 SHADOW CREEK WAY		STREET ADDRESS	625 N HALIFAX #11	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	DAYTONA BCH 32118	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, GORDON		NAME		
STREET ADDRESS	106 DOUGLAS DR		STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL, FL 32117		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Gordon Phillips</i>		TREASURE GORDON PHILLIPS		1-10-05 386-248-0706	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	