

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000899 (4)**

1. Corporation Name

**DAYTONA BEACH GOLF CHARITIES, INC.**



Principal Place of Business

Mailing Address

**1275 W. GRANADA BLVD.  
SUITE 4C  
ORMOND BEACH FL 32174  
US**

**1275 W. GRANADA BLVD.  
SUITE 4C  
ORMOND BEACH FL 32174  
US**

3. Date Incorporated or Qualified

**02/11/1994**

4. FEI Number

**59-3214096**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALMER, ANN J  
1275 W. GRANADA BLVD.  
SUITE 4C  
ORMOND BEACH FL 33174**

**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

TITLE **D** ☐ DELETE

NAME **BROADHURST, JANE**  
STREET ADDRESS **P.O. BOX 2830 (N/A)**  
CITY-ST-ZIP **DAYTONA BEACH FL 32120-2830**

TITLE **D** ☐ DELETE

NAME **FREER, DAVE**  
STREET ADDRESS **226 GLENBRIAR CIRCLE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **D** ☐ DELETE

NAME **MIRABEL, GEORGE**  
STREET ADDRESS **P.O. BOX 2475 (N/A)**  
CITY-ST-ZIP **DAYTONA BEACH FL 32115-2475**

TITLE **D** ☐ DELETE

NAME **HARDEMAN, JEFF**  
STREET ADDRESS **2330 SHAWNEE MISSION PKWY**  
CITY-ST-ZIP **WESTWOOD KS 66205**

TITLE **D** ☐ DELETE

NAME **HIGGS, CHRIS**  
STREET ADDRESS **157 GULL DRIVE SOUTH**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

*[Signature]* **5/11/98 904-672-7900**

CR2E037 (10/97)