2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# N94000000959

Entity Name: DAY CRUISE ASSOCIATION, INC.

Current Principal Place of Business:

1790 BIZRRITZ CIRCLE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

1790 BIZRRITZ CIRCLE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 65-0473274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALDER, JEAN M
1790 BIARRITZ CIRCLE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BULLOCK, LESTER E
Address: 6160 SUNDOWN DRIVE
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VPD ( ) Delete
Name: GOODELL, DANA
Address: 450 HARBOR COURT
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: SD ( ) Delete
Name: BREVICK, JOHN
Address: 101 GEORGE KING BLVD., STE. 3
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TD ( ) Delete
Name: BREVICK, JOHN
Address: 101 GEORGE KING BLVD.
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESTER E. BULLOCK PD 04/06/2004

Electronic Signature of Signing Officer or Director — Date