

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000000959

1. Entity Name
DAY CRUISE ASSOCIATION, INC.



Principal Place of Business
**2611 MAYLIN DRIVE
TRINITY, FL 34655 US**

Mailing Address
**2611 MAYLIN DRIVE
TRINITY, FL 34655 US**

DO NOT WRITE IN THIS SPACE



03182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0473274

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALDER, JEAN M
2611 MAYLIN DRIVE
TRINITY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
BULLOCK, LESTER E
6180 SUNDOWN DRIVE
ST. PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPD
GOODELL, DANA
450 HARBOR COURT
FORT MYERS BEACH, FL 33931**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
BREVICK, JOHN
101 GEORGE KING BLVD., STE. 3
CAPE CANAVERAL, FL 32920**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
BREVICK, JOHN
101 GEORGE KING BLVD.
CAPE CANAVERAL, FL 32920**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

UD00000505168
04/26/06-80106-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jean M Walder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 **727-376-3381**
Date Daytime Phone #