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Jul 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002291 (2)**

1. Corporation Name

OLD DAYTONA CIVIC ASSOCIATION, INC.



Principal Place of Business 420 S. BEACH ST. ORMOND BEACH FL 32174 Live Oak INN 445 S. Beach St. Daytona Beach FL 32114	Mailing Address 420 S. BEACH ST. ORMOND BEACH FL 32174-7088 PO Box 1997 Daytona Beach, FL 32115
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 05/06/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3184328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FISHER, VINTON, DR. 420 S. BEACH ST. ORMOND BEACH FL 32174	
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10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, VINTON, DR.
STREET ADDRESS	420 S. BEACH ST.
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, CARRIE
STREET ADDRESS	450 BASIN ST.
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GLOCK, DELMAR, REV.
STREET ADDRESS	444 S. BEACH ST.
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	<input type="checkbox"/> DELETE
NAME	BUTLER, DORIS <i>Vice CHAIRMAN</i>
STREET ADDRESS	45 E. BAYSHORE DR
CITY-ST-ZIP	DAYTONA BEACH FL 32114-32127
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEEK, S. DEXTER
1.3 STREET ADDRESS	134 LOUIS AVE.
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114 <i>CHAIRMAN</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BUTLER, BONNIE
2.3 STREET ADDRESS	717 So Beach St. 104C
2.4 CITY-ST-ZIP	Daytona Beach, FL 32114 <i>TREASURY</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)