


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002910 1. Entity Name DELAND SPORTS REDEVELOPMENT ASSOCIATION, INC.	
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Principal Place of Business 145 EAST RICH AVENUE DELAND, FL 32724 US	Mailing Address P.O. BOX 1116 DELAND, FL 32721-1116 US
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02212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3256809	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 APGAR, ROBERT F 149 SOUTH RIDGEWOOD AVE SUITE 600 DAYTONA BEACH, FL 32114

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

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 APGAR, BOB 106 RIDGEWAY BLVD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALTIER, JEFF 508 NORTH KANSAS DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, WILLIAM 408 EAST RICH AVENUE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAUGHN, ALLISON P.O. BOX 229378 GLENWOOD, FL 32722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/04-80004-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Allison E. Maughn 2/21/2004 386-322-4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #