## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000002910

FILED Mar 19, 2005 Secretary of State

Entity Name: DELAND SPORTS REDEVELOPMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

145 EAST RICH AVENUE 1530 CORNERSTONE BLVD.

DELAND, FL 32724 US STE. 100

DAYTONA BEACH, FL 32117 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1116

DELAND, FL 327211116 US

FEI Number: 59-3256809 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

APGAR, ROBERT F APGAR, ROBERT F

149 SOUTH RIDGEWOOD AVE 1530 CORNERSTONE BLVD.

SUITE 600 SUITE 100

DAYTONA BEACH, FL 32114 US DAYTONA BEACH, FL 32117 US

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: 03/19/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name:APGAR, BOBName:APGAR, BOBAddress:106 RIDGEWAY BLVDAddress:1530 CORNERSTONE BLVD. STE. 100City-St-Zip:DELAND, FL 32724City-St-Zip:DAYTONA BEACH, FL 32117 US

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALTIER, JEFF
 Name:

 Address:
 508 NORTH KANSAS
 Address:

 City-St-Zip:
 DELAND, FL 32724
 City-St-Zip:

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BAILEY, WILLIAM
 Name:

 Address:
 408 EAST RICH AVENUE
 Address:

 City-St-Zip:
 DELAND, FL 32724
 City-St-Zip:

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MAUGHN, ALLISON
 Name:

 Address:
 P.O. BOX 229378
 Address:

 City-St-Zip:
 GLENWOOD, FL 32722
 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: ALLISON MAUGHN TD 03/19/2005