2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2006
Secretary of State

DOCUMENT# N94000002910

Entity Name: DELAND SPORTS REDEVELOPMENT ASSOCIATION, INC.

Current Principal Place of Business:

1530 CORNERSTONE BLVD.
STE. 100
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1116
DELAND, FL 327211116 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

APGAR, ROBERT F
1530 CORNERSTONE BLVD.
SUITE 100
DAYTONA BEACH, FL 32117 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:	APGAR, BOB	
Address:	1530 CORNERSTONE BLVD. STE. 100	
City-St-Zip:	DAYTONA BEACH, FL 32117 US	
Title:	VPD	( ) Delete
Name:	ALTIER, JEFF	
Address:	508 NORTH KANSAS	
City-St-Zip:	DELAND, FL 32724	
Title:	SD	( ) Delete
Name:	BAILEY, WILLIAM	
Address:	408 EAST RICH AVENUE	
City-St-Zip:	DELAND, FL 32724	
Title:	TD	( ) Delete
Name:	MAUGHN, ALLISON	
Address:	P.O. BOX 229378	
City-St-Zip:	GLENWOOD, FL 32722	

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 Chapter 119, 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: ROBERT F. APGAR PD 02/04/2006

Electronic Signature of Signing Officer or Director — Date