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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002100 (4)**

1. Corporation Name

GREATER DAYTONA BEACH CLUB OF THE DEAF, INC.

Principal Place of Business

118 S PALMETTO AVE
DAYTONA BEACH FL 32114-4320

Mailing Address

103 BARRIER ISLE DR.
ORMOND BCH FL 32176-2246



3. Date Incorporated or Qualified

05/03/1995

4. FEI Number

59-2371114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MOORE, KENDALL S
103 BARRIER ISLE DR.
ORMOND BEACH FL 32176

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	RARUS, GLORIA L
STREET ADDRESS	18 DOVER FALLS RD.
CITY-ST-ZIP	ORMOND BCH FL

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	SCHNECK, CARL
STREET ADDRESS	3572 CARMEL RD.
CITY-ST-ZIP	ST. AUGUSTINE FL

TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BARBER, CHARLES
STREET ADDRESS	1112 LIVE OAK ST
CITY-ST-ZIP	NEW SYMRNA FL

TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	WALSH, DENNIS
STREET ADDRESS	24 MISTY FOLK DR.
CITY-ST-ZIP	ORMOND BCH FL

TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	MOORE, GLADYS G.
STREET ADDRESS	103 BARRIER ISLE DR.
CITY-ST-ZIP	ORMOND BEACH FL

TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	MCMAHON, SHANNON
STREET ADDRESS	5146 ISABILLE AVE.
CITY-ST-ZIP	PORT ORANGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chuck Barber
2.3 STREET ADDRESS	1112 Live Oak St.
2.4 CITY-ST-ZIP	New Symrna, FL32168

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Oscar Rawlins
3.3 STREET ADDRESS	442 Bluestery Dr.
3.4 CITY-ST-ZIP	Port Orange, FL 32119

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Shannon McMahon
4.3 STREET ADDRESS	5146 Isabelle Av.
4.4 CITY-ST-ZIP	Port Orange, FL 32119

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Walter Tucholski
5.3 STREET ADDRESS	24 Surny Beach Dr.
5.4 CITY-ST-ZIP	Ormond Beach, FL 32176

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Glenda DeMotte
6.3 STREET ADDRESS	125 Azalea Dr.
6.4 CITY-ST-ZIP	Daytona Beach, FL 32117

14. I 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.

SIGNATURE: *Kendall Moore* SECRETARY *January 21, 1998* FAX 904 441-8069

CR2E037 (10/97)