

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90246 038 \*\*\*\*61.25

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**DOCUMENT # N95000004236**

1. Corporation Name

**COLIN'S PARK, INC.**

Principal Place of Business

**945 NO. HALIFAX AVENUE  
DAYTONA BEACH FL 32118**

Mailing Address

**115 CHESHIRE ROAD  
DAYTONA BEACH FL 32118  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc. -

2a. Mailing Address

**26** Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**09/01/1995**

4. FEI Number

**59-3344019**

Applied For

Not Applicable

City & State

**23** Zip Country

City & State

**28** Zip Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**EVERY, LANGFORD  
733 KNOLLVIEW  
ORMOND BEACH FL 32174**

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

OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
NAME **CANN, CAROL**  
STREET ADDRESS **315 JESSAMINE BLVD.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **D** ☐ DELETE  
NAME **EVERY, LANGFORD V**  
STREET ADDRESS **733 KNOLLVIEW**  
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **TD** ☐ DELETE  
NAME **GRAHAM, KELLI J**  
STREET ADDRESS **115 CHESHIRE ROAD**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **CD** ☐ DELETE  
NAME **TRAVIS, CHRISTINA**  
STREET ADDRESS **1320 PEACHTREE ROAD**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **SD** ☐ DELETE  
NAME **RAND, HEIDI**  
STREET ADDRESS **1309 WANDERING OAKS DRIVE**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kelli Graham** 4/29/99 904-736-9555  
Date Daytime Phone #

CR2E037 (11/98)