

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90108 043 ****61.25

0001946

DOCUMENT # N95000005873

1. Corporation Name

PALMETTO PLACE ADVOCATES, INC.

Principal Place of Business

336 S. PALMETTO AVE.
DAYTONA BEACH FL 32114

Mailing Address

336 S. PALMETTO AVE.
DAYTONA BEACH FL 32114



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/13/1995

4. FEI Number

59-3349677

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

9. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32114

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 ☐ DELETE

NAME **DP**
TROXLER, DAVID
STREET ADDRESS **1166 PEACHTREE RD**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ DELETE

NAME **D**
WHITE, JANET
STREET ADDRESS **128 W OCEAN DUNES**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME **D**
REED, MARILYN
STREET ADDRESS **1204 SUNLAND RD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ DELETE

NAME **DVP**
YOUKON, MICHAEL W
STREET ADDRESS **1853 EVERGREEN DR**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE ☐ DELETE

NAME **TD**
JOHNSON, ROBERT L
STREET ADDRESS **220 S RIDGEWOOD AVE., #200**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ DELETE

NAME **D**
BRIDGES, SHARON
STREET ADDRESS **169 DEER LAKE CIR**
CITY-ST-ZIP **ORMOND BEACH FL 32175**

13. 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:

ROBERT L. JOHNSON 2-18-99 904-255-1981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)