

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000001134 (3)**

1. Corporation Name

DAYTOP FLORIDA FOUNDATION, INC.



Principal Place of Business 15681 N. U.S. HIGHWAY 301 CITRA FL 32113	Mailing Address P.O. BOX 1317 CITRA FL 32113-1317
--	---

3. Date Incorporated or Qualified 02/28/1996	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21 936 SE Ft. King St Suite, Apt. #, etc. 22 City & State 23 Deerfield, FL Zip 24 34471	2a. Mailing Address 25 936 SE Ft King St Suite, Apt. #, etc. 26 City & State 27 Deerfield, FL Zip 28 34471 Country 29 USA
--	--

4. FEI Number 59-3371974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115-2491	
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, WILLIAM B
STREET ADDRESS	15681 N. U.S. HIGHWAY 301
CITY-ST-ZIP	CITRA FL 32113
TITLE	D <input type="checkbox"/> DELETE
NAME	FISHER, FREDERICK E
STREET ADDRESS	15681 N. U.S. HIGHWAY 301
CITY-ST-ZIP	CITRA FL 32113
TITLE	D <input type="checkbox"/> DELETE
NAME	PALMER, WHITFIELD M JR.
STREET ADDRESS	15681 N. U.S. HIGHWAY 301
CITY-ST-ZIP	CITRA FL 32113
TITLE	D <input type="checkbox"/> DELETE
NAME	COLLIER, D. BRIAN
STREET ADDRESS	15681 N. U.S. HIGHWAY 301
CITY-ST-ZIP	CITRA FL 32113
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O'Brien, William B
1.3 STREET ADDRESS	15681 N. U.S. Highway 301
1.4 CITY-ST-ZIP	Citra, FL 32113
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:  **WILLIAM B. O'BRIEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **1/13/97** Daytime Phone **352-867-7000**

CR2E037 (9/96)