


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90064 027 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003979**

1. Corporation Name

**PORT ORANGE FAMILY DAYS INC.**

Principal Place of Business  
1000 CITY CENTER CIRCLE  
PORT ORANGE FL 32119

Mailing Address  
P.O. BOX 291702  
PORT ORANGE FL 32129-1702  
US

108044-90064-27



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 <i>P.O. Box 290061</i>	07/09/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3466762
City & State	City & State	Applied For
23	28 <i>Port Orange, FL</i>	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29 <i>32129-0061</i>	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30 <i>Volutia</i>	<input type="checkbox"/> \$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 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, ELTON E	1.2 NAME	
STREET ADDRESS	624 ENGLISH OAKS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127-5598	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWEED, PETE	2.2 NAME	<i>Arwood, Peter</i>
STREET ADDRESS	807 WOOD PORT DR	2.3 STREET ADDRESS	<i>807 Woodport Dr</i>
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	<i>Port Orange, FL 32127</i>
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELZ, CHRISTINE	3.2 NAME	
STREET ADDRESS	1488 NAPPA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32124	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAIR, RITA C	4.2 NAME	<i>Arvedo, Ivan V.</i>
STREET ADDRESS	713 NORMANDY BLVD.	4.3 STREET ADDRESS	<i>396 Chickadee Dr</i>
CITY-ST-ZIP	PORT ORANGE FL 32127-5598	4.4 CITY-ST-ZIP	<i>Port Orange, FL 32127-4748</i>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>Pensak, Pat</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>5800 Victoria Gardens Blvd</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Port Orange, FL 32127</i>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Peter Arwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/6/99* 904-756-9056  
Date Daytime Phone #

CR2E037 (1/98)