

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003979

**FILED**  
**Jan 10, 2004**  
**Secretary of State****Entity Name:** PORT ORANGE FAMILY DAYS INC.**Current Principal Place of Business:**5656 ISABELLE AVE  
SUITE 12  
PORT ORANGE, FL 32127**New Principal Place of Business:****Current Mailing Address:**5656 ISABELLE AVE  
SUITE 12  
PORT ORANGE, FL 32127 US**New Mailing Address:****FEI Number:** 59-3466762      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE.  
DAYTONA BEACH, FL 321152491 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** PENSACK, PAT  
**Address:** 5800 VISTORIA GARDENS BLVD  
**City-St-Zip:** PORT ORANGE, FL 32127**Title:** D ( ) Delete  
**Name:** THOMAS, LISA  
**Address:** 1570 DALANTA AVE  
**City-St-Zip:** PORT ORANGE, FL 32127**Title:** TD ( ) Delete  
**Name:** LASKY, ROBIN  
**Address:** 4900 S CLYDE MORRIS BLVD  
**City-St-Zip:** PORT ORANGE, FL 32119**Title:** VD ( ) Delete  
**Name:** ATWOOD, PETER  
**Address:** 807 WOODPORT DR  
**City-St-Zip:** PORT ORANGE, FL 32127**Title:** D ( ) Delete  
**Name:** MIZNER, BRENDA  
**Address:** 4815 CLYDE MORRIS BLVD  
**City-St-Zip:** PORT ORANGE, FL 32119**Title:** VD ( ) Delete  
**Name:** BORICH, JERRY  
**Address:** 950 SAND CREST DR  
**City-St-Zip:** PORT ORANGE, FL 32127**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** BELL, AL MR  
**Address:** 5656 ISABELLE AVE SUITE 12  
**City-St-Zip:** PORT ORANGE, FL 32127**Title:** VD (X) Change ( ) Addition  
**Name:** ATWOOD, PETER MRS  
**Address:** 5656 ISABELLE AVE SUITE 12  
**City-St-Zip:** PORT ORANGE, FL 32127**Title:** TD (X) Change ( ) Addition  
**Name:** LASKY, ROBIN MRS  
**Address:** 5656 ISABELLE AVE SUITE 12  
**City-St-Zip:** PORT ORANGE, FL 32127**Title:** SD (X) Change ( ) Addition  
**Name:** MCCALL, DEBRA SD  
**Address:** 5656 ISABELLE AVE SUITE 12  
**City-St-Zip:** PORT ORANGE, FL 32127**Title:** D (X) Change ( ) Addition  
**Name:** BRAYTON, ELAINE MRS  
**Address:** 5656 ISABELLE AVE SUITE 12  
**City-St-Zip:** PORT ORANGE, FL 32127**Title:** D (X) Change ( ) Addition  
**Name:** PROSPECT, SUSAN MRS  
**Address:** 5656 ISABELLE AVE SUITE 12  
**City-St-Zip:** PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER ATWOOD

V

01/10/2004

Electronic Signature of Signing Officer or Director

Date