

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003979

FILED
Jan 14, 2005
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: PD () Delete
Name: BELL, AL MR
Address: 5656 ISABELLE AVE SUITE 12
City-St-Zip: PORT ORANGE, FL 32127

Title: VD () Delete
Name: ATWOOD, PETER MRS
Address: 5656 ISABELLE AVE SUITE 12
City-St-Zip: PORT ORANGE, FL 32127

Title: TD () Delete
Name: LASKY, ROBIN MRS
Address: 5656 ISABELLE AVE SUITE 12
City-St-Zip: PORT ORANGE, FL 32127

Title: SD () Delete
Name: MCCALL, DEBRA SD
Address: 5656 ISABELLE AVE SUITE 12
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: BRAYTON, ELAINE MRS
Address: 5656 ISABELLE AVE SUITE 12
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: PROSPECT, SUSAN MRS
Address: 5656 ISABELLE AVE SUITE 12
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ATWOOD, PETER MR
Address: 5656 ISABELLE AVE SUITE 12
City-St-Zip: PORT ORANGE, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/14/2005

Electronic Signature of Signing Officer or Director

Date