

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 PM 4:10

DOCUMENT # N97000004541 1. Entity Name DAYTONA BEACH GREYHOUND ASSOC., INC.					
Principal Place of Business 1376 S. WEMBLEY CIRCLE PORT ORANGE, FL 32124			Mailing Address P.O. BOX 11092 DAYTONA BEACH, FL 32120 WJS060051377		
2. Principal Place of Business 1170 Forestwood ST Suite, Apt. #, etc. Daytona Beach City & State FL		3. Mailing Address P.O. BOX 11092 Suite, Apt. #, etc. NA City & State Daytona Beach FL			
Zip 32119	Country USA	Zip 32120	Country USA		
6. Name and Address of Current Registered Agent ALVES, RONALD F. 1376 S. WEMBLEY CIRCLE PORT ORANGE, FL 32124			7. Name and Address of New Registered Agent Name Todd Byers Street Address (P.O. Box Number is Not Acceptable) 1170 Forestwood ST City Daytona Beach State FL Zip Code 32119		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Todd R. Byers</u> 11-10-05 X Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ALVES, RONALD F 1376 S. WEMBLEY CIRCLE PORT ORANGE, FL 32124		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P.D. Todd Byers 1170 Forestwood ST Daytona Beach FL 32119	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD WILLIAMS, TONY 1343 KILLIAN STREET DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ALVES, RONALD F 1376 S. WEMBLEY CIRCLE PORT ORANGE, FL 32124	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TSD ROCHE, JAMES J 480 REED CANAL RD., #27 SOUTH DAYTONA, FL 32119		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P.D. Patricia Byers 1170 Forestwood ST Daytona Beach FL 32119	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Sec. Charles Newcome 2110 S. Palmetto AVE South Daytona FL 32119	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	300061915453 12/05/05--01068--014 **297.50	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Todd R. Byers</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			11-10-05 386299 4162 Date Daytime Phone #		

12/20