


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004541 1. Entity Name DAYTONA BEACH GREYHOUND ASSOC., INC.	
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Principal Place of Business 1170 FORESTWOOD ST. DAYTONA BEACH, FL 32119	Mailing Address P.O. BOX 11092 DAYTONA BEACH, FL 32120
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03112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3405232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BYERS, TODD 1170 FORESTWOOD ST. DAYTONA BEACH, FL 32119

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

U000000472480
03/29/06-80038-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO BYERS, TODD 1170 FORESTWOOD ST. DAYTONA BEACH, FL 32119
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	TD BYERS, PATRICIA 1170 FORESTWOOD ST. DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S NEWCOME, CHARLES 2110 S. PALMETTO AVE SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Patricia B Byers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 3-15-06

Date

Daytime Phone #