

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000004541

1. Entity Name
DAYTONA BEACH GREYHOUND ASSOC., INC.



Principal Place of Business
**1170 FORESTWOOD ST.
DAYTONA BEACH, FL 32119**

Mailing Address
**P.O. BOX 11092
DAYTONA BEACH, FL 32120**



03032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3405232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BYERS, TODD
1170 FORESTWOOD ST.
DAYTONA BEACH, FL 32119**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000664164
03/22/07-80032-018 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BYERS, TODD
1170 FORESTWOOD ST.
DAYTONA BEACH, FL 32119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ALVES, RONALD F
1376 S. WEMBLEY CIRCLE
PORT ORANGE, FL 32124**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BYERS, PATRICIA
1170 FORESTWOOD ST.
DAYTONA BEACH, FL 32119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
NEWCOME, CHARLES
2110 S. PALMETTO AVE
SOUTH DAYTONA, FL 32119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia Byers Patricia B Byers 3-8-07 3863169038