

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Aug 29, 2008 08:00 AM
Secretary of State



08202008 No Chg-NP CR2E037 (4/06)

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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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE S
NAME NEWCOME, CHARLES
STREET ADDRESS 2110 S. PALMETTO AVE
CITY-ST-ZIP 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: * *Patricia B Byers*

* 8-26-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #