

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000701

FILED
Jan 08, 2007
Secretary of State

Entity Name: PORT ORANGE FAMILY DAYS COMMUNITY TRUST, INC.

Current Principal Place of Business:

POST OFFICE BOX 290610
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 290610
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3533607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORAN, THEODORE R
444 SEABREEZE BLVD., STE. 800
DAYTONA BEACH, FL 32118 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: DS () Delete
Name: MCCALL, DEBRA MRS
Address: 553 GERTRUDE LANE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: DP () Delete
Name: BELL, AL MR
Address: 624 ENGLISH OAKS DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: DV () Delete
Name: ATWOOD, PETE MR
Address: 807 WOODPORT DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: JILL, GEDDY D
Address: 1806 NORTH PENINNSULA AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: LASKY, ROBIN T
Address: 5947 DORAVILLE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: CORDORO, JOE D
Address: 2536 YALE STREET
City-St-Zip: SOUTH DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 Chapter 119, 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

DV

01/08/2007

Electronic Signature of Signing Officer or Director

Date