

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000701

FILED  
Feb 11, 2008  
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:**

1000 CITY CENTER CIRCLE  
PORT ORANGE, FL 32127

**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: 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: DS      (X) Change ( ) Addition  
Name: MCCALL, DEBRA  
Address: 553 GERTRUDE LANE  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: DP      (X) Change ( ) Addition  
Name: THORNELL, MARK  
Address: 132 GREBE COURT  
City-St-Zip: DAYTONA BEACH, FL 32119

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

Title: DT      (X) Change ( ) Addition  
Name: LASKY, ROBIN  
Address: 5947 DORAVILLE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: DVP      (X) Change ( ) Addition  
Name: EVANS, JOHN E  
Address: 890 ORANGE CAMP RD  
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify 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: ROBIN A. LASKY

TREA

02/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date