## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000701

FILED Jan 10, 2012 Secretary of State

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

**New Principal Place of Business: Current Principal Place of Business:** 

1999 CITY CENTER CIRCLE PORT ORANGE, FL 32129

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 290610 PORT ORANGE, FL 32129

FEI Number: 59-3533607 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DORAN, THEODORE R DORAN, THEODORE R 444 SEÁBREEZE BLVD., STE. 800

1020 W INTERNATIONAL SPEEDWAY BLVD

DAYTONA BEACH, FL 32118 SUITE 100 DAYTONA BEACH, FL 32114 US

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: 01/10/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

MCCALL, DEBRA Name: Address: 553 GERTRUDE LANE City-St-Zip: SOUTH DAYTONA, FL 32119

Title:

Name: EVANS, JOHN E Address: 433 N PALMETTO AVE City-St-Zip: SANFORD, FL 32771

Title: **EVP** 

JILL, GEDDY Name:

1806 NORTH PENINSULA AVENUE Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DT

Name: LASKY, ROBIN

5947 DORAVILLE DRIVE Address: City-St-Zip: PORT ORANGE, FL 32127

DVP Title:

CONNORS, DEBBIE Name: 3431 RIDGEWOOD AVE Address: City-St-Zip: PORT ORANGE, FL 32129

I hereby 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 all other like empowered.

**EVP** SIGNATURE: JILL GEDDY 01/10/2012