

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N98000006892</b>	
1. Entity Name NEW START DAYTONA, INC.	
Principal Place of Business 616 HARVEY AVENUE DAYTONA BEACH, FL 32118	Mailing Address 616 HARVEY AVENUE DAYTONA BEACH, FL 32118



01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3545590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

MILLER, STEVE  
616 HARVEY AVENUE  
DAYTONA BEACH, FL 32118

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000779878  
01/11/08-80054-028 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FISHER, JACK
STREET ADDRESS	55 PLAZA DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	DT
NAME	SHAFFER, BILL
STREET ADDRESS	119 MEADOWBROOK CIRCLE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	DS
NAME	DEMICHINA, LIL
STREET ADDRESS	107 WOOD IBIS COURT
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	DS
NAME	KELLY, TOM
STREET ADDRESS	89 S. ATLANTIC AVE. #1004
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:** *Robert Steven Miller* Robert Steven Miller 1/6/08 386-258-9953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #