

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90002 038 ****61.25

DOCUMENT # N97000006031 1. Entity Name DENNY'S FRANCHISEE ASSOCIATION, INC.					
Principal Place of Business 2126 WEST INDIAN SCHOOL RD. PHOENIZ, AZ 85015			Mailing Address 2126 WEST INDIAN SCHOOL RD. PHOENIZ, AZ 85015		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZARCO AND PARDO, P.A. BANK OF AMERICA TOWER 100 S.E. 2ND STREET STE. 2700 MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S ☐ Delete		TITLE	PRESIDENT ☐ Change ☒ Addition	
NAME	FERLAND, CARL		NAME	BENJAMIN BAGNAS	
STREET ADDRESS	110 BRADY COURT		STREET ADDRESS	8020 ENTRADA DE LUZ WEST	
CITY-ST-ZIP	CARY, NC 27511		CITY-ST-ZIP	SAN DIEGO, CA 92121	
TITLE	D ☐ Delete		TITLE	TREASURER ☐ Change ☒ Addition	
NAME	BARBER, W C		NAME	DAWN LAFREEDA	
STREET ADDRESS	1210 BRANVILLE RD		STREET ADDRESS	5839 SEBASTIAN PLACE, SUITE #102	
CITY-ST-ZIP	MADISON, TN 37115		CITY-ST-ZIP	SAN ANTONIO, TX 78249	
TITLE	D ☐ Delete		TITLE	DIRECTOR ☐ Change ☒ Addition	
NAME	BEATTIE, RICHARD		NAME	JOE TERRELL	
STREET ADDRESS	P.O. BOX 5762		STREET ADDRESS	18761 BRUCE CT.	
CITY-ST-ZIP	SCOTTSDALE, AZ 85261		CITY-ST-ZIP	MOKENA, IL 60448	
TITLE	D ☐ Delete		TITLE	DIRECTOR ☐ Change ☒ Addition	
NAME	CLOUTIER, JOE		NAME	JOHN ROMANDETTI	
STREET ADDRESS	247 COMMERCIAL ST.		STREET ADDRESS	382 HARBOR COURT	
CITY-ST-ZIP	ROCKPORT, ME 04856		CITY-ST-ZIP	ESTON, FL 33326	
TITLE	D ☐ Delete		TITLE	DIRECTOR ☐ Change ☒ Addition	
NAME	COX, BILL		NAME	CRAIG ZILL	
STREET ADDRESS	825 SOUTH 48TH ST.		STREET ADDRESS	P.O. BOX 1618	
CITY-ST-ZIP	TEMPE, AZ 85281		CITY-ST-ZIP	CUMBERLAND, MD 21502	
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KOCH, DOUG		NAME		
STREET ADDRESS	101 E HOPI DR		STREET ADDRESS		
CITY-ST-ZIP	HOLBROOK, AZ 86025		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: 8/1/05 Daytime Phone #: 210-684-0707		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					