

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728576

FILED  
Feb 22, 2007  
Secretary of State

Entity Name: WEST VOLUSIA HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

137 W. MICHIGAN AVENUE  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

137 W MICHIGAN AVE  
DELAND, FL 32720 US

**New Mailing Address:**

FEI Number: 59-2618295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DREGGORS, BILL  
27 JASMINE DR.  
DEBARY, FL 32713 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: PR ( ) Delete  
Name: STORZ, BARBARA  
Address: 428 LAKE WINNEMISSETT DR.  
City-St-Zip: DELAND, FL 32724

Title: VP ( ) Delete  
Name: GLICK, SUZAN  
Address: 309 N. CLARA AVE.  
City-St-Zip: DELAND, FL 32720

Title: S ( ) Delete  
Name: KERSH, JACKIE  
Address: 509 N. GARFIELD AVE..  
City-St-Zip: DELAND, FL 32724

Title: DT ( ) Delete  
Name: STORZ, SCOTT  
Address: 428 LAKE WINNEMISSETT DR.  
City-St-Zip: DELAND, FL 32724

Title: ED ( ) Delete  
Name: DREGGORS, BILL  
Address: 27 JASMINE DR  
City-St-Zip: DEBARY, FL 32713

Title: BM ( ) Delete  
Name: RHODES, H. V  
Address: 100 E. KENTUCKY AVE. K4  
City-St-Zip: DELAND, FL 32724

**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: DT (X) Change ( ) Addition  
Name: ARMSTRONG, JIM  
Address: 438 N. MARYDEL AVE.  
City-St-Zip: DELAND, FL 32720

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: BILL DREGGORS

ED

02/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date