

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 01, 2005
Secretary of State**

DOCUMENT# N04000004657

Entity Name: VOLUSIA CITIZENS' ALLIANCE FOR RESPONSIBLE GROWTH, INC.

Current Principal Place of Business:

465 WILDWOOD DR
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

PO BOX 205
OSTEEN, FL 32764

New Mailing Address:

FEI Number: 55-0867104 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HERRIN, BARBARA J
465 WILDWOOD DR
NEW SMYRNA BEACH, FL 32168 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: P,D () Delete
Name: HERRIN, BARBARA J
Address: 465 WILDWOOD DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP,D () Delete
Name: MOEN, MICHELE
Address: 160 ASHBY COVE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T,D () Delete
Name: WINCHESTER, PAMELA
Address: 433 WILDWOOD DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA J. HERRIN

PD

07/01/2005

Electronic Signature of Signing Officer or Director

_____ Date