

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004657

FILED
Apr 20, 2006
Secretary of State

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:

160 ASHBY COVE LANE
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

P.O. BOX 1136
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

P.O. BOX 1536
NEW SMYRNA BEACH, FL 32170

FEI Number: 55-0867104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: MOEN, MICHELE
Address: 160 ASHBY COVE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP,D (X) Change () Addition
Name: WANDA, VAN DAM
Address: 932 INDIAN HAMMOCK DR.
City-St-Zip: OSTEEN, FL 32764

Title: T,D (X) Change () Addition
Name: WALTERS, SANDRA
Address: 480 WARRIOR TRAIL
City-St-Zip: ENTERPRISE, FL 32725

Title: S.D () Change (X) Addition
Name: WINCHESTER, PAMELA
Address: 433 WILDWOOD DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: PAMELA WINCHESTER

S.D.

04/20/2006

Electronic Signature of Signing Officer or Director

Date