

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N17610

Entity Name: LIVING GIFTS FOUNDATION OF THE COUNCIL ON AGING OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

LIVING GIFTS FOUNDATION
160 N BEACH ST
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

LIVING GIFTS FOUNDATION
PO BOX 671
DAYTONA BEACH, FL 321150671 US

New Mailing Address:

FEI Number: 59-2785991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPUTARO, GAIL F
160 N BEACH ST
DAYTONA BEACH, FL 32114 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: PD () Delete
Name: HEILMAN, HARRY
Address: 5 ARROWWOOD DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: RITCHEY, CONNIE
Address: 1131 N HALIFAX DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: TD () Delete
Name: HOLLAND, ROBERT
Address: 313 S PALMETTO DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HEILMAN, HARRY
Address: 5 ARROWWOOD DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VD (X) Change () Addition
Name: RITCHEY, CONNIE
Address: 1131 N HALIFAX DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: TD (X) Change () Addition
Name: HOLLAND, ROBERT
Address: 313 S PALMETTO DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: SD () Change (X) Addition
Name: TIPTON, GEORGEANNE
Address: 9970 MORI COURT
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby certify that the information supplied with this filing does not qualify 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: GAIL F CAMPUTARO

ED

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date