

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90081 020 ****70.00

DOCUMENT # N17610

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



Principal Place of Business
**C/O GAIL CAMPUTARO
160 N BEACH ST
DAYTONA BEACH FL 32114
US**

Mailing Address
**C/O GAIL CAMPUTARO
PO BOX 671
DAYTONA BEACH FL 32115-0671
US**

2. Principal Place of Business
Suite, Apt. #, etc.


3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

00011001



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2785991** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPUTARO, GAIL F.
160 N BEACH ST
DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

| | | |
|----------------|---------------------------|--|
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | PEPIN, MICHAEL A | |
| STREET ADDRESS | 10 JILL ALISON CIR | |
| CITY-ST-ZIP | ORMOND BEACH FL 32176 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | EDMUND, RODDY | |
| STREET ADDRESS | 4777 CLYDE MORRIS BLVD | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32119 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SILBERMAN, BEN | |
| STREET ADDRESS | 200 S RIDGEWOOD AVE. | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | BOYER, PAULETTE | |
| STREET ADDRESS | 220 S RIDGEWOOD AVENUE | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | FRASER, ALAN R | |
| STREET ADDRESS | 5207 S ATLANTIC AVE # 723 | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32169 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | CD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAMBO, WILLIS A. | |
| STREET ADDRESS | 165 GULL CIRCLE NORTH | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32119 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PHILLIPS, TODD O. | |
| STREET ADDRESS | 18 IROQUOIS TRAIL | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PINELLO, JOSEPH P. | |
| STREET ADDRESS | 1036 DERBYSHIRE ROAD | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32117 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: **WILLIS A. RAMBO, CHAIRMAN** 01/30/03 (386) 253-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)