

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 21 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39106 (2)
1. Corporation Name
CITIZEN OBSERVER PROGRAM OF VOLUSIA COUNTY, INC.

Principal Place of Business Mailing Address
**123 W INDIANA AVE
DELAND FL 32720-4613
US** **123 W INDIANA AVE.
123 W INDIANA AVE
DELAND FL 32720
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
07/12/1990 **04/26/1994**
4. FEI Number Applied For
59-3024439 Not Applicable

5. Certificate of Status Desired **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**JONES, NANCYE R.
123 W INDIANA AVE
DELAND FL 32720-4613**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KYLE, EDWARD L. SR.
STREET ADDRESS	1249 BACHMANN AVE.
CITY-ST-ZIP	DELTONA FL
TITLE	VD
NAME	TRAVERS, WM SR. R.
STREET ADDRESS	1289 WORTHINGTON DRIVE
CITY-ST-ZIP	DELTONA FL
TITLE	SD
NAME	BEEMAN, PATSY J.
STREET ADDRESS	666 TORCHWOOD DR
CITY-ST-ZIP	DELAND FL
TITLE	SD
NAME	JANSEN, FRANCES A.
STREET ADDRESS	2557 SHIPROCK CT
CITY-ST-ZIP	DELTONA FL
TITLE	D
NAME	DEGARMO, ARTHUR V.
STREET ADDRESS	279 LUIS LANE
CITY-ST-ZIP	DEBARY FL
TITLE	D
NAME	SYLVESTER, CHESTER R.
STREET ADDRESS	2131 SWANSON DR
CITY-ST-ZIP	DELTONA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Travers, Wm. R. Sr.	
1.3 STREET ADDRESS	1289 Worthington Dr.	
1.4 CITY-ST-ZIP	Deltona, FL 32738	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kyle, Edward L. Sr.	
2.3 STREET ADDRESS	1249 Bachmann Ave.	
2.4 CITY-ST-ZIP	Deltona, FL 32725	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Beeman, Patsy J.	
3.3 STREET ADDRESS	666 Torchwood Dr.	
3.4 CITY-ST-ZIP	DeLand, FL 32724	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Friedrich, Wm. G.	
6.3 STREET ADDRESS	1021 Monterey Dr.	
6.4 CITY-ST-ZIP	Deltona, FL 32725	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William R. Travers, Sr.* **4-12-95** **407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
WILLIAM R. TRAVERS, SR.