

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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



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

3. Date Incorporated or Qualified 07/12/1990	3a. Date of Last Report 04/21/1995
4. FEI Number 59-3024439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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)		800001891718			
83		-07/12/96--01011--031			
84 City		***61.25		85 Zip Code FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	TRAVERS, WILLIAM R SR. 1289 WORTHINGTON DR. DELTONA FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	DEGARMO, ARTHUR V. 279 LUIS LANE DEBARY, FL 32713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	KYLE, EDWARD L SR. 1249 BACHMANN AVENUE DELTONA FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	BRAUNER, OLLIE 234 LAGO VISTA STREET DEBARY, FL 32713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	BEEAMAN, PAISY J 666 TORCHWOOD DRIVE DELAND FL <input type="checkbox"/> DELETE	3.1 TITLE D	STREB, JR. WILLIAM F. 2880 E. CANAL ROAD DELTONA, FL 32738 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	JANSEN, FRANCES A. 2557 SHIPROCK CT DELTONA FL <input type="checkbox"/> DELETE	4.1 TITLE D	ESTES, JOHN D. 1215 SKY LANE DELAND, FL 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	DEGARMO, ARTHUR V. 279 LUIS LANE DEBARY FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE D	LAVALLEE, RICHARD J. 120 LAKE DRIVE DEBARY, FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	FRIEDRICH, WILLIAM G 1021 MONTEREY DRIVE DELTONA FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE MD	JANSEN, LEONARD B. 2557 SHIPROCK COURT DELTONA, FL 32738 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leonard B. Jansen **6-13-96** **904-736-5961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (3/96)