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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
123 W INDIANA AVE 123 W INDIANA AVE
DELAND FL 32720-4613 DELAND FL 32720-4615
US US

3. Date Incorporated or Qualified 07/12/1990 3a. Date of Last Report 07/11/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3024439 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
JONES, NANCYE R. 123 W INDIANA AVE DELAND FL 32720-4613
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGARMO, ARTHUR V	1.2 NAME	LABBE, DONALD
STREET ADDRESS	279 LUIS LANE	1.3 STREET ADDRESS	510 PORTSIDE LANE
CITY-ST-ZIP	DEBARY FL 32713	1.4 CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUNER, OLLIE	2.2 NAME	
STREET ADDRESS	234 LAGO VISTA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREB, WILLIAM F JR.	3.2 NAME	
STREET ADDRESS	2880 E CANAL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTES, JOHN D	4.2 NAME	
STREET ADDRESS	1215 SKY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVALLER, RICHARD V	5.2 NAME	
STREET ADDRESS	130 LAKE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32710	5.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSEN, LEONARD B	6.2 NAME	
STREET ADDRESS	2557 SHIPROCK CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	6.4 CITY-ST-ZIP	

14. I do 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 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 MD *Leonard B. Jansen* 1-17-97 904-736-5961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013384

CR2E037 (9/96)