

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

✓ NONPROFIT CORPORATION ANNUAL REPORT 1998		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.



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 DELAND FL 32720-4613 US
---	---

3. Date Incorporated or Qualified 07/12/1990	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3024439	Applied For <input type="checkbox"/> Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEGARMO, ARTHUR V		1.2 NAME TOPERZER, EDWARD S.	
STREET ADDRESS 279 LUIS LANE		1.3 STREET ADDRESS 1353 SKYLARK COURT	
CITY-ST-ZIP DEBARY FL 32713		1.4 CITY-ST-ZIP DELTONA, FL 32725	
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 D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LABBE, DONALD		5.2 NAME REDFIELD, WILLIAM C.	
STREET ADDRESS 510 PORTSIDE LANE		5.3 STREET ADDRESS 166 N. LEISURE WORLD	
CITY-ST-ZIP EDGWATER FL		5.4 CITY-ST-ZIP DEBARY, FL 32713	
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	

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.

14. 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 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: *Edward S. Toperzer* 4-15-98 904-736-5961

CR2E037 (10/97)

ADDITIONAL OFFICERS FOR CITIZENS OBSERVER PROGRAM OF VOLUSIA COUNTY, INC.

DOCUMENT # N39106

D
ANTHONY, JOHN W.
1289 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

T/D
REDFIELD, GRACE D.
166 N. LEISURE WORLD
DEBARY, FL 32713

S/D
JANSEN, FRANCES A.
2557 SHIPROCK COURT
DELTONA, FL 32738