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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N39106

1. Corporation Name

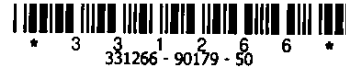
CITIZEN OBSERVER PROGRAM OF VOLUSIA COUNTY, INC.

Principal Place of Business

123 W INDIANA AVE  
DELAND FL 32720-4613  
US

Mailing Address

123 W INDIANA AVE  
DELAND FL 32720-4613  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/12/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3024439

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

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  
NAME TOPERZER, EDWARD S  
STREET ADDRESS 1353 SKYLARK CT  
CITY-ST-ZIP DELTONA FL 32725

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME BRAUNER, OLLIE  
STREET ADDRESS 234 LAGO VISTA ST.  
CITY-ST-ZIP DEBARY FL 32713

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME STREB, WILLIAM F JR.  
STREET ADDRESS 2880 E CANAL RD.  
CITY-ST-ZIP DELTONA FL 32738

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME ESTES, JOHN D  
STREET ADDRESS 1215 SKY LANE  
CITY-ST-ZIP DELAND FL 32720

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME REDFIELD, WILLIAM C  
STREET ADDRESS 166 N LEISURE WORLD  
CITY-ST-ZIP DEBARY FL 32713

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE MD  
NAME JANSEN, LEONARD B  
STREET ADDRESS 2557 SHIPROCK CT.  
CITY-ST-ZIP DELTONA FL 32738

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Leonard B. Jansen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard B. Jansen

03/29/1999

(904) 736-5961

Date

Daytime Phone #

CR2E037 (1/1/98)