

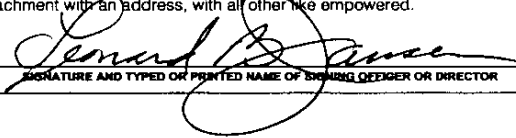


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

06 OCT 12 11 8:13

DOCUMENT # N39106					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MACCONNELL, JOHN C 123 W INDIANA AVE DELAND, FL 32720-4613				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				500080775425 10/12/06--01043--001 **70.00 10-9-06	
(NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEITZ, STEVEN 1471 EDEN DR DELTONA, FL 32725	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Adams 135 S. Pine Street DeLand, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERO, GENEVIEVE 480 N ST PO BOX 464 DE LEON SPRINGS, FL 32130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warren Graham 308 Song Bird Road DeBary, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JEREMIAH 1645 BRADY DRIVE DELTONA, FL 32725	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sheila Horne 17103 Lyme Stone Court New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTES, JOHN 1215 SKY LANE DELAND, FL 32720	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beverly Kitchen 1935 Woodcrest Drive Ormond Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDEMAN, KENNETH 119 SHER LANE DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Grace Redfield 166 N. Leisure World Drive DeBary, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD JANSEN, LEONARD B 2557 SHIPROCK CT. DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Frances Jansen 2557 Shiprock Ct. Deltona, FL 32738	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				10-6-06 386574-0187	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	