

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90090 023 ****70.00

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01082007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3024439				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
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: <i>John C. Macconnell</i>		DATE: 1/19/07			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEITZ, STEVEN		NAME	PAGE, SPRING	
STREET ADDRESS	1471 EDEN DR		STREET ADDRESS	2605 INDIA BLVD	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERO, GENEVIEVE		NAME	RAY, ROBERTA	
STREET ADDRESS	480 N ST PO BOX 464		STREET ADDRESS	487 NORTH STREET	
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130		CITY-ST-ZIP	DELEON SPRINGS, FL 32130	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JEREMIAH		NAME	STREB, WILLIAM	
STREET ADDRESS	1645 BRADY DRIVE		STREET ADDRESS	2880 CANAL STREET	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, FRANK		NAME	HORNE, SHEILA	
STREET ADDRESS	135 S. PINE STREET		STREET ADDRESS	17103 LYME STONE COURT	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, WARREN		NAME	KITCHEN, BEVERLY	
STREET ADDRESS	308 SONG BIRD ROAD		STREET ADDRESS	1935 WOODCREST DRIVE	
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	MD	<input checked="" type="checkbox"/> Delete	TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSEN, LEONARD B		NAME	TIMOTHY LAMPREY	
STREET ADDRESS	2557 SHIPROCK CT.		STREET ADDRESS	1211 ARROYO PARKWAY	
CITY-ST-ZIP	DELTONA, FL 32738		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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: <i>C. Jansen</i>		DATE: 1/10/07		Daytime Phone #: 386-736-5961	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	