

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39106

FILED
Mar 05, 2009
Secretary of State

Entity Name: CITIZEN OBSERVER PROGRAM OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

123 W INDIANA AVE
DELAND, FL 327204613 US

New Principal Place of Business:

123 W INDIANA AVE
DELAND, FL 327210569 US

Current Mailing Address:

123 W INDIANA AVE
DELAND, FL 327204613 US

New Mailing Address:

123 W INDIANA AVE
DELAND, FL 327210569 US

FEI Number: 59-3024439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACCONNELL, JOHN C
123 W INDIANA AVE
DELAND, FL 327204613 US

Name and Address of New Registered Agent:

MACCONNELL, JOHN C
123 W INDIANA AVE
DELAND, FL 327210569 US

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.

SIGNATURE: _____

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEITZ, STEVEN
Address: 1471 EDEN DR
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: PAGE, SPRING
Address: 2605 INDIA BLVD
City-St-Zip: DELTONA, FL 32738

Title: VD () Delete
Name: STREB, WILLIAM
Address: 2880 CANAL STREET
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: HIGHAM, WILLIAM
Address: 187 N HILL AVE
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: GRAHAM, WARREN
Address: 308 SONG BIRD ROAD
City-St-Zip: DEBARY, FL 32713

Title: T () Delete
Name: RAY, ROBERTA
Address: 487 NORTH STREET
City-St-Zip: DE LEON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: STREB, WILLIAM
Address: 2880 CANAL STREET
City-St-Zip: DELTONA, FL 32725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BATES, KAREN
Address: 119 SOUTH LEON AVENUE
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN BATES

T

03/05/2009

Electronic Signature of Signing Officer or Director

Date