

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39106

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

123 W INDIANA AVE  
DELAND, FL 327210569 US

**New Principal Place of Business:**

**Current Mailing Address:**

123 W INDIANA AVE  
DELAND, FL 327210569 US

**New Mailing Address:**

**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 327210569 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HEYBURN, DONNA  
Address: 1714 RIDGE AVENUE  
City-St-Zip: HOLLY HILL, FL 32117

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

Title: VP  
Name: JEFFREY, ROBERT  
Address: 1240 18TH STREET  
City-St-Zip: ORANGE CITY, FL 32763

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

Title: D  
Name: ASSON, DAVID  
Address: 366 RUTH JENNINGS DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: T  
Name: BATES, KAREN  
Address: 119 SOUTH LEON AVENUE  
City-St-Zip: DELAND, FL 32720

I hereby 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 all other like empowered.

SIGNATURE: KAREN E. BATES

T

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date