

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moritani
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB -6 AM 10:07

DOCUMENT # N93000004579 (9)

1. Corporation Name

COMMUNITY VOLUNTEER CONTACT CENTER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
HALIFAX HOUSING AUTHORITY 105 DESOTA STREET DAYTONA BEACH FL 32114	HALIFAX HOUSING AUTHORITY 105 DESOTA STREET DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified 10/04/1993	3a. Date of Last Report 10/05/1994
4. FEI Number APPLIED FOR 59-3265770	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
24 Zip	25 Country	28 Zip	30 Country

9. Name and Address of Current Registered Agent

BECKTON, KING D
180 WASHINGTON STREET
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name Robert LEE Brown
82 Street Address (P.O. Box Number is Not Acceptable)
341 LANE Street
83
84 City DAYTONA Bch FL 85 Zip Code 32114

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Robert L. Brown 1-21-95
(NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SWINTON, RUFUS
STREET ADDRESS	611 HUDSON ST
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	VT
NAME	BECKTON, KING D
STREET ADDRESS	180 WASHINGTON ST
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	ST
NAME	ROWLING, JOAN
STREET ADDRESS	742 LOTUS LANE
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	TT
NAME	BARRETT, BERTHA
STREET ADDRESS	633 RUSSELL DR
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	T
NAME	GIBSON, ROSE
STREET ADDRESS	1139 HILLCREST AVE
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	T
NAME	LEWIS, SHERMAN
STREET ADDRESS	343 PLEASANT ST
CITY-ST-ZIP	DAYTONA BEACH FL 32114

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	→ Garrett, Bertha
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Betty J. Jones
5.3 STREET ADDRESS	637 JEAN Street, #7
5.4 CITY-ST-ZIP	DAYTONA Bch, Fla. 32114
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Rufus Swinton* 1-21-95 255 6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR