

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000004579 (9)**

1. Corporation Name

COMMUNITY VOLUNTEER CONTACT CENTER, INC.



| | |
|--|--|
| 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 02/06/1995 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 NORTHWOOD VILLAGE Suite, Apt. #, etc. 22 1200 NINTH ST. City & State 23 Daytona Bch. Fl. Zip 24 32117 | 26 NORTHWOOD VILLAGE Suite, Apt. #, etc. 27 1200 NINTH ST. City & State 28 Daytona Bch. Fl. Zip 29 32117 Country 30 FLORIDA |

| | |
|--|--|
| 4. FEI Number 59-3265770 | Applied For <input type="checkbox"/> 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
BROWN, ROBERT LEE
341 LANE STREET
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name BROWN, Robert LEE |
| 82 Street Address (P.O. Box Number is Not Acceptable) 351 LANE Street |
| 83 |
| 84 City Daytona Beach FL |
| 85 Zip Code 32114 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Robert Lee Brown DATE 3-3-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PT | <input type="checkbox"/> DELETE |
| NAME | SWINTON, RUFUS | |
| STREET ADDRESS | 611 HUDSON ST | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | VT | <input checked="" type="checkbox"/> DELETE |
| NAME | BECKTON, KING D | |
| STREET ADDRESS | 180 WASHINGTON ST | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | ROWLING, JOAN | |
| STREET ADDRESS | 742 LOTUS LANE | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | TT | <input type="checkbox"/> DELETE |
| NAME | GARRETT, BERTHA | |
| STREET ADDRESS | 633 RUSSELL DR | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | JONES, BETTY J | |
| STREET ADDRESS | 637 JEAN STREET #7 | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| 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 | VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | BROWN, Robert LEE |
| 2.3 STREET ADDRESS | 351 LANE STREET |
| 2.4 CITY-ST-ZIP | DAYTONA Beach FL 32114 |
| 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 | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | REV. RILEY GRAY |
| 6.3 STREET ADDRESS | 221 George Towne Blvd. |
| 6.4 CITY-ST-ZIP | Daytona Bch. Fla. 32119 |

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: [Signature] DATE 3-3-96 DAYTIME PHONE # 904-253-9578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)