2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 05, 2004
Secretary of State

DOCUMENT# N94000005152

Entity Name: SOUTHEAST VOLUSIA SERVICES, INC.

Current Principal Place of Business:

508 PALMETTO ST.
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

401 PALMETTO ST
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 59-3287185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR
215 N EOLA DR
ORLANDO, FL 32801 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	( ) Delete
Name:	LEONARD, KATHY	
Address:	401 PALMETTO STREET	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	VPD	( ) Delete
Name:	LEWIS, ARVIN	
Address:	401 PALMETTO ST	
City-St-Zip:	NEW SMYRNA BEACH, FL	
Title:	SD	( ) Delete
Name:	SHILDECCKER, WILLIAM C.	
Address:	401 PALMETTO ST.	
City-St-Zip:	NEW SMYRNA BCH, FL	
Title:	D	( ) Delete
Name:	CREWE, BRUCE	
Address:	401 PALMETTO ST	
City-St-Zip:	NEW SMYRNA BEACH, FL	
Title:	VPD	( ) Delete
Name:	DRURY, TIM	
Address:	401 PALMETTO STREET	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	SD	( ) Delete
Name:	GERSON, WANDA	
Address:	401 PALMETTO STREET	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHY LEONARD P 11/05/2004

Electronic Signature of Signing Officer or Director — Date