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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003087

1. Corporation Name
CRIME STOPPERS OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
354 N BEACH STREET DAYTONA BEACH FL 32114	354 N BEACH STREET DAYTONA BEACH FL 32114

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/11/1996
Suite, Apt. #, etc. 22 PO Box 290323	Suite, Apt. #, etc. 27 PO Box 290323	4. FEI Number 59-3395571 ☐ Applied For ☐ Not Applicable
City & State 23 Port Orange FL	City & State 28 Port Orange FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32129-0323 25 USA	Zip / Country 29 32129-0323 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALMETTO CHARTER SERVICES 150 MAGNLOIA AVE DAYTONA BEACH FL 32114	81 Name: Robert W. Lloyd 82 Street Address (P.O. Box Number is Not Acceptable): 6210 Shoreline Drive 83 84 City: Port Orange FL 85 Zip Code: 32127

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 W. Lloyd — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LLOYD, ROBERT F 354 N BEACH STREET DAYTONA BEACH FL 32114	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P President Robert W. Lloyd 6210 Shoreline Drive Port Orange, FL 32127	☐ Change ☒ Addition (2)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ RITCHEY, GLENN 551 B NOVA ROAD DAYTONA BEACH FL 32115 (1)	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D 1131 N. Halifax Avenue Daytona Beach, FL 32118	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ID D CARTER, DAVID 3729 HUGH STREET PORT ORANGE FL 32118 (5)	☒ DELETE 4 yrs	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Treasurer John DiCesare 6156 Shoreline Drive Port Orange, FL 32127 (3)	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LLOYD, ROBERT W 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32114	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S Secretary Tom Vogel 141 Woodcock Circle Daytona Beach, FL 32119 (4)	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ John DiCesare 2/8/99 904-788-0142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #