

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003409

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: VOLUSIA TURTLE PATROL, INC.

**Current Principal Place of Business:**

4738 S PENINSULA DR  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4738 S PENINSULA DR  
PONCE INLET, FL 32127

**New Mailing Address:**

FEI Number: 59-3239925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORNELIUS, MARCUS M III  
3125 US 1 SOUTH  
ST AUGUSTINE, FL 32136 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: LIEBERT, BETH  
Address: 4738 S PENINSOLA DR  
City-St-Zip: PONCE INLET, FL

Title: TD ( ) Delete  
Name: MILLS, ROBERT  
Address: 4026 CARDINAL BLVD  
City-St-Zip: WILBOR BY THE SEA, FL

Title: SD (X) Delete  
Name: LENNON, DEBBIE  
Address: 268 WOODLAND AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete  
Name: SCHMIDT, KEITH  
Address: 935 DUNCAN ROAD  
City-St-Zip: SOUTH DAYTONA, FL 32119

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT MILLS

TD

04/27/2009

Electronic Signature of Signing Officer or Director

Date