

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17610

FILED
Apr 02, 2018
Secretary of State
CC0508714196

Entity Name: LIVING GIFTS FOUNDATION OF THE COUNCIL ON AGING OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

LIVING GIFTS FOUNDATION
425 N. CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

Current Mailing Address:

LIVING GIFTS FOUNDATION
PO BOX 671
DAYTONA BEACH, FL 32115-0671 US

FEI Number: 59-2785991

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KOBERG, MARYELLEN
KINSEY, VINCENT, PYLE
150 S. PALMETTO AVENUE #300
DAYTONA BEACH, FL 32114 US

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: MARYELLEN KOBERG

04/02/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO
Name KAROL, TERRI D
Address LIVING GIFTS FOUNDATION
425 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title COO
Name KRALJIC, EVELINE
Address LIVING GIFTS FOUNDATION
425 N. CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title CEO
Name GURTIS, SARAH F
Address LIVING GIFTS FOUNDATION
425 N. CLYDE MORRIS BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title PAST CHAIRMAN
Name MOCK, SHARON
Address 970 N. HALIFAX DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title CHAIRMAN
Name TOLLAND, CHRIS
Address 220 S. RIDGEWOOD AVENUE
City-State-Zip: DAYTONA BEACH FL 32114

Title TREASURER
Name BAILEY, KENT
Address 303 N. CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title VICE CHARIMAN
Name KURTZ, DEAN P
Address 425 N. CLYDE MORRIS BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title SECRETARY
Name LOHMAN, NANCY
Address 725 W. GRANADA BLVD
48
City-State-Zip: ORMOND BEACH FL 32174

I hereby 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 all other like empowered.

SIGNATURE: TERRI KAROL

CFO

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date