

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39106

**Entity Name:** CITIZEN OBSERVER PROGRAM OF VOLUSIA COUNTY, INC.

**Current Principal Place of Business:**

915 THELMA ST  
ORANGE CITY, FL 32763

**Current Mailing Address:**

915 THELMA ST  
ORANGE CITY, FL 32763 US

**FEI Number: 59-3024439**

**Certificate of Status Desired: Yes**

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

HOLCOMB, JOHN  
915 THELMA ST  
ORANGE CITY, FL 32763 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: JOHN HOLCOMB**

**04/27/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HADD, RONALD  
Address        415 N. VOLUSIA AVENUE  
City-State-Zip: LAKE HELEN FL 32744-2426

Title            SECRETARY  
Name            LARSEN, GLENN  
Address        2062 JESSAMINE COURT  
City-State-Zip: DELTONA FL 32738

Title            VP  
Name            BERNATH, MARGO  
Address        113 ALEXANDRA WOODS DRIVE  
City-State-Zip: DEBARY FL 32713

Title            DIRECTOR  
Name            VANDERLIP, RONALD  
Address        1101 N. HILL AVENUE  
City-State-Zip: DELAND FL 32724

Title            TREASURER  
Name            LAWRENCE, MICHAEL  
Address        3048 QUEEN PALM DRIVE  
City-State-Zip: EDGEWATER FL 32141

Title            DIRECTOR  
Name            NIELAND, ROBERT  
Address        2309 BANNISTER STREET  
City-State-Zip: DELTONA FL 32738

Title            DIRECTOR  
Name            WOOD, GEORGE  
Address        733 SLEEPY HALLOW DRIVE  
City-State-Zip: PORT ORANGE FL 32127

Title            DIRECTOR  
Name            YEBBA, ANTHONY  
Address        785 BRIARWOOD COURT  
City-State-Zip: ORANGE CITY FL 32763

**Continues on page 2**

*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: RONALD HADD**

**PRESIDENT**

**04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHAIRMAN  
Name LAMPREY, CLIFFORD T  
Address 123 W. INDIANA AVENUE  
P.O. BOX 569  
City-State-Zip: DELAND FL 32721

Title DIRECTOR  
Name WILLEY, ELAINE  
Address 98 DIANNE DRIVE  
City-State-Zip: ORMOND BEACH FL 32176