

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39106

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

FILED
Jan 07, 2021
Secretary of State
5626937912CC

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

01/07/2021

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

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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

01/07/2021

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