

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39106

FILED
Apr 28, 2013
Secretary of State
CC1075443206

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

Current Principal Place of Business:

123 W INDIANA AVE
DELAND, FL 32721-0569

Current Mailing Address:

123 W INDIANA AVE
DELAND, FL 32721-0569 US

FEI Number: 59-3024439

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACCONNELL, JOHN C
123 W INDIANA AVE
DELAND, FL 32721-0569 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HEYBURN, DONNA
Address 1714 RIDGE AVENUE
City-State-Zip: HOLLY HILL FL 32117

Title SECRETARY
Name MENZEL, VICTORIA
Address 2051 PIONEER TRAIL
 #232
City-State-Zip: NEW SMYRNA FL 32168

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

Title DIRECTOR
Name DUTKA, RICHARD
Address 1882 6TH AVENUE
City-State-Zip: DELAND FL 32724

Title TREASURER
Name O'BRIEN, JOHN
Address 1582 ORTEGA AVENUE
City-State-Zip: DELTONA FL 32738

Title DIRECTOR
Name WENDT, DWIGHT
Address 1714 RIDGE AVENUE
City-State-Zip: HOLLY HILL FL 32117

Title DIRECTOR
Name SEGERLIND-RAMBOLDT, JUDITH
Address 2640 DERBY DRIVE
City-State-Zip: DELTONA FL 32738

Title DIRECTOR
Name BURTNER, CARL
Address 3665 CASALTA CIRCLE
City-State-Zip: NEW SMYRNA FL 32168

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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: CLIFFORD T. LAMPREY

CHAIRMAN

04/28/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WELLER, NOREEN
Address 784 WILLOW CREST STREET
City-State-Zip: ORANGE CITY FL 32763

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