

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39106

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC9000714531**

**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: Yes**

**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            GYGI, ANDREW  
Address        600 S. PINE STREET  
City-State-Zip: NEW SMYRNA FL 32169

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

Title            DIRECTOR  
Name            HIGHAM, WILLIAM  
Address        187 N. HILL 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            NIELAND, ROBERT  
Address        2309 BANNISTER STREET  
City-State-Zip: DELTONA FL 32738

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

Title            DIRECTOR  
Name            WELLER, NOREEN  
Address        784 WILLOW CREST STREET  
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: CLIFFORD T. LAMPREY**

**CHAIRMAN**

**01/10/2014**

\_\_\_\_\_  
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 WENDT, DWIGHT  
Address 1714 RIDGE AVENUE  
City-State-Zip: HOLLY HILL FL 32117