

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39106

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

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC1653857801**

**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:**

MCGLASHAN, PETER  
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: PETER MCGLASHAN**

**01/12/2018**

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           ROBERTS, GEORGE  
Address        4590 ALDER STREET  
City-State-Zip: PORT ORANGE FL 32127

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

Title           DIRECTOR  
Name           HIGHAM, WILLIAM  
Address        187 NORTH HILL AVENUE  
City-State-Zip: DELAND FL 32724-4637

Title           TREASURER  
Name           POWERS, STEPHEN  
Address        177 TOWER ROAD  
City-State-Zip: DEBARY FL 32713-3203

Title           DIRECTOR  
Name           PRYCE, DARYL  
Address        949 ELKCAM BLVD  
City-State-Zip: DELTONA FL 32725-2706

Title           DIRECTOR  
Name           LANDAU, MAXWELL  
Address        990 WENDAM COURT  
City-State-Zip: PORT ORANGE FL 32127-9331

Title           DIRECTOR  
Name           WELLER, NOREEN  
Address        784 WILLOW CREST STREET  
City-State-Zip: ORANGE CITY FL 32763-7524

**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: CLIFFORD TIMOTHY LAMPREY**

**DIRECTOR**

**01/12/2018**

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 HEYBURN, DONNA  
Address 1714 RIDGE AVENUE  
City-State-Zip: HOLLY HILL FL 32117-1732