


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 708427
 1. Entity Name
DELTONA CIVIC ASSOCIATION, INC.



Principal Place of Business 980 LAKE SHORE DRIVE DELTONA, FL 32725-8130	Mailing Address 980 LAKE SHORE DRIVE DELTONA, FL 32725-8130
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07082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7225328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLEY, BARBARA
 1407 SECTION LINE TR
 DELTONA, FL 32725

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HERNANDEZ, JOHN G 1316 PROVIDENCE BLVD DELTONA, FL 327257416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARMOLINGO, MICHEAL 3126 SHALLOWFORD ST DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, MARLENE T 2938 MCCLELLAN ST DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HERNANDEZ, GLADYS M 1316 PROVIDENCE BLVD DELTONA, FL 327257416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HARRIS, RANDOLPH M 3370 GEORGE SAULS ST DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/04/04-80001-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marlene Brown, MARLENE BROWN 7/27/04 407-314-4741
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #