


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 25, 2008 08:00 A
Secretary of State

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



Principal Place of Business Mailing Address
 964 LAKESHORE DRIVE 964 LAKESHORE DRIVE
 DELTONA, FL 32725-8937 DELTONA, FL 32725-8937

DO NOT WRITE IN THIS SPACE



02122008 No Chg-NP CR2E037 (4/06)

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
 HERNANDEZ, JOHN G
 964 LAKESHORE DRIVE
 DELTONA, FL 32725-8937

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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	PD HERNANDEZ, JOHN G 773 VERCELLI STREET DELTONA, FL 327253520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, ARACELIA 2075 S. OLD MILL DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, MARLENE T 2936 MCCLELLAN ST DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, GLADYS M 773 VERCELLI STREET DELTONA, FL 327253520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, RANDOLPH M 3370 GEORGE SAULS ST DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000839630
 03/06/08-80016-020-61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **02.15.08** **407.314.4741**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #