FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:31

DOCUMENT # 710921 (8)

1. Corporation Name
DELAND-WEST VOLUSIA COMMITTEE OF 100, INC.

Principal Place of Business	Mailing Address
336 N BOULEVARD PO BOX 629 DELAND FL 32721-0629	336 N BOULEVARD PO BOX 629 DELAND FL 32721-0629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1966
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1108512 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

RITCHEY,DAHLON G.
336 NORTH WOODLAND BLVD.
DELAND FL 32721

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	BAUMGARTNER, ROGER	1.2 NAME	ARNOLD, HARRY
STREET ADDRESS	101 N WOODLAND BLVD	1.3 STREET ADDRESS	800 DELTONA BLVD
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	DELTONA FL 32725
TITLE	S	2.1 TITLE	S ☐ Change ☐ Addition
NAME	RITCHEY, DAHLON G	2.2 NAME	RITCHEY, DAHLON G.
STREET ADDRESS	336 N. WOODLAND BLVD.	2.3 STREET ADDRESS	336 N WOODLAND BLVD
CITY-ST-ZIP	DELAND FL 32720	2.4 CITY-ST-ZIP	DELAND FL 32720
TITLE	TD	3.1 TITLE	TD ☐ Change ☐ Addition
NAME	NOBLE, DR KATHY	3.2 NAME	FRANK WOOD
STREET ADDRESS	1155 COUNTY ROAD 4139	3.3 STREET ADDRESS	127 S FLORIDA AVE
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	DELAND FL 32720
TITLE	VD	4.1 TITLE	VD ☐ Change ☐ Addition
NAME	ARNOLD, HARRY	4.2 NAME	JOHNSON, VAN
STREET ADDRESS	800 DELTONA BLVD	4.3 STREET ADDRESS	1450 S WOODLAND BLVD
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	DELAND FL 32720
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dahlon G. Ritchey — Dahlon G. Ritchey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/16/95 — Date
904/734-4331 — Daytime Phone #

0031171