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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 710921 (8)

1. Corporation Name

DELAND-WEST VOLUSIA COMMITTEE OF 100, INC.

Principal Place of Business

336 N BOULEVARD
PO BOX 888
DELAND FL 32721-0888 32720-3495

Mailing Address

336 N BOULEVARD
PO BOX 888
DELAND FL 32721-0888 32720-3495



3. Date Incorporated or Qualified
05/20/1966

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Dahlon G. Ritchey DAHLON G. RITCHEY Exec. Dir.

1/8/97

(Signature, typed or printed name of registered agent, and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, HARRY	
STREET ADDRESS	800 DELTONA BLVD	
CITY-ST-ZIP	DELTONA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RITCHEY, DAHLON G	
STREET ADDRESS	336 N. WOODLAND BLVD.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LACEY, MARY-JO	
STREET ADDRESS	2855 N VOLUSIA AVE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MERRIMAN, SHAWN	
STREET ADDRESS	100 E NEW YORK AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, VAN	
STREET ADDRESS	1450 S WOODLAND BLVD #300	
CITY-ST-ZIP	DELAND FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, DICK	
STREET ADDRESS	320 N WOODLAND BLVD	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VAN JOHNSON	
1.3 STREET ADDRESS	1450 S WOODLAND BLVD	
1.4 CITY-ST-ZIP	DELAND FL 32720	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DICK REYNOLDS	
3.3 STREET ADDRESS	230 N WOODLAND BLVD	
3.4 CITY-ST-ZIP	DELAND FL 32720	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY-JO LACEY	
4.3 STREET ADDRESS	2655 N VOLUSIA AVE	
4.4 CITY-ST-ZIP	ORANGE CITY FL 32763	
5.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHAUN MERRIMAN	
5.3 STREET ADDRESS	100 E NEW YORK AVE	
5.4 CITY-ST-ZIP	DELAND FL 32724	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BUFFY WILLIAMS	
6.3 STREET ADDRESS	119 N WOODLAND BLVD	
6.4 CITY-ST-ZIP	DELAND FL 32720	

14. I do hereby certify that the information supplied with this filing 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

Date

1/8/97

Daytime Phone # 0013463

CR2E037 (9/96)