Ď.
6
Ē.
$\overline{}$
ñ
Ö
ᄣ
Κ,
$\overline{c}$
_

## FILE NOW: FILING FEE IS \$61.25 ONPROFIT ORPORATION NNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra E. Mgg Secretary of State

DIVISION OF CORPORATIONS

1998

DOCU 1. Corporation	MENT # 710921	(8)				
DELAND-WEST VOLUSIA COMMITTEE OF 100, INC.						
Principal Place of Business Mailing Address					T LEGALLY SOURCE STATE OR THE CONTROL STATE OF COMMENT AND STATES OF CONTROL	
336 N BOULEVARD 336 N BOULEVARD DELAND FL 32720-3496					3. Date Incorporated or Qualified	
US	(1200910)	DELAND FL 32720-3495 US			05/20/1966	
					4. FEI Number Applied For S9-1108512 Not Applicable	
	lace of Business	2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional	
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.			<del></del> .		Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					Election Campaign Financing     Trust Fund Contribution     Added to Fees	
City & State City & Sta					7. Is this nonprofit corporation a homeowners association?	
Zip	Country	28 Zip	Countr		Yes No	
24	25	29	30	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
			81	Name	le .	
	y, <b>da</b> hlon G. RTH woodland blvd.		82	Street	et Address (P.O. Box Number is Not Acceptable)	
	NIN WOODLAND BLVD. ) FL 32721		83	<del> </del>		
) DES 410	716 02121		84	City	■■ 85 Zip Code	
					PL	
1. 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	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE Registered Ag	eni signalur	urs required when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS X KDELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME	PD JOHNSON, VAN	VVOELEIE	1.1 TITLE 1.2 NAME		Change Addition	
STREET ADDRESS	1450 S WOODLAND BLVD		_	T ADDRESS	s	
CITY-ST-ZIP	DELAND FL		1.4 CITY -	ST-ZIP		
TITLE	8	☐ DELETE	2.1 TITLE	${f T}$	CORNETT, TAVER	
NAME STREET ADDRESS	RITCHEY, DAHLON G 336 N. WOODLAND BLVD.		2.2 NAME		CORNETT, TAVER Lind Sind	
CITY-ST-ZIP	DELAND FL 32720		2.3 STREE 2. 4 CITY-	FADDRESS St-7ip	DELAND FL 3272	
TITLE P	No	☐ DELETE	3.1 TITLE	VD.		
NAME	REYNOLDS, DICK		3.2 NAME		1300 E INT'L SPEEDWAY BLVD	
STREET ADDRESS	230 N WOODLAND BLVD DELAND FL				DELAND FL 32724	
CITY-ST-ZIP TITLE	VD VD	XXDELETE	3.4. CITY- 4.1 TITLE	S1 ZIF _	Change ) * Addition	
NAME	LACEY, MARY-JO	AA	4. 2 NAME	•	I see the second of the second	
STREET ADDRESS	2655 N VOLUSIA AVE		4.3 STREET	ADDRESS	1/3/5	
CITY-ST-ZIP	ORANGE CITY FL	DELETE	4.4 CITY-5	ST - ZIP	Change Addition	
TITLE PD NAME	½₹X MERRIMAN, SHAUN		5.1 TITLE 5.2 NAME		L.J Change   Audillon	
STREET ADDRESS	100 E NEW YORK AVE		L	T ADDRESS	s	
CITY-ST-ZIP	DELAND FL		5.4 CITY- 5	ST-ZIP		
TITLE	S SAMELIAANS BUFFY	DELETE	6.1 TITLE		Change Addition	
NAME OTRECT ADDRESS	WILLIAMS, BUFFY 119 N WOODLAND BLVD		6.2 NAME	ADDRESS		
STREET ADDRESS CITY-ST-ZIP	DELAND FL		6.4 CITY-5	ADDRESS	De plalas	

14. I 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 accordate 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:

(904) 734-4351

**FILED** 

Mar 03 1998 8:00am

Secretary of State