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 -9 AM 11:31

DOCUMENT # 713154 (3)

1. Corporation Name
COUNCIL ON AGING OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
160 N BEACH ST DAYTONA BEACH FL 32114 US	P O BOX 671 DAYTONA BEACH FL 32115 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1967
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1160221 ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CAMPUTARO, GAIL F.
160 N BEACH STREET
DAYTONA BCH FL 32114

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TROLLINGER, JOHN B. A	1.2 NAME	
STREET ADDRESS	991 3RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	1.4 CITY-ST-ZIP	
TITLE	AV	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	AZAMA-EDWARDS, GWEN	2.2 NAME	CHRISTMAN, CHARLES J.
STREET ADDRESS	301 S RIDGEWOOD /	2.3 STREET ADDRESS	444 SEABREEZE BLVD.
CITY-ST-ZIP	DAYTONA BCH/FL	2.4 CITY-ST-ZIP	DAYTONA BCH. FL
TITLE	D/	3.1 TITLE	☒ Change ☐ Addition
NAME	BRIDGES, DELL	3.2 NAME	SD RAYMOND, CAROL
STREET ADDRESS	230 N BEACH STREET	3.3 STREET ADDRESS	1626 PALM AVE
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	DELAND, FL
TITLE	VPD/	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	OLIVARI, JOHN	4.2 NAME	
STREET ADDRESS	141 SAGEBRUSH TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
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: John Trollinger Jan. 26, 1995 904-255-9055
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN TROLLINGER

D02347