


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90064 044 ****61.25

DOCUMENT # 712925 1. Entity Name HEART OF VOLUSIA, INC.					
Principal Place of Business 412 S PALMETTO AVE (32114) PO BOX 3 DAYTONA BEACH FL 32115				Mailing Address 412 S PALMETTO AVE (32114) PO BOX 3 DAYTONA BEACH FL 32115	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6194206	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CICHON, SCOTT 761 JOHN ANDERSON DR ORMOND BEACH FL 32114				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CICHON, SCOTT 761 JOHN ANDERSON DR ORMOND BEACH FL 32178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V BROOKER, PETER 288 WILDWOOD LAND ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V GLENN, VINCENT D 1522 N HALIFAX AVE DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3V AUMILLER, MARY F 1670 ANITA STREET PORT ORANGE FL 32128	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORSE, ARI 102 BOB WHITE COURT DAYTONA BEACH FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLENN, VINCENT D 1522 N. HALIFAX AVE. DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CICHON, SCOTT 761 JOHN ANDERSON DR. ORMONG BEACH FL 32178	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VICE PRESIDENT VINCENT, D. GLENN 1522 N. HALIFAX AVE. DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VICE PRESIDENT AUMILLER, MARY FRANCES 1670 ANITA STREET PORT ORANGE FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3rd VICE PRESIDENT MORSE, ARI 102 BOB WHITE COURT DAYTONA BEACH FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MORSE, ARI 102 BOB WHITE COURT DAYTONA BEACH FL 32119	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER VINCENT, D. GLENN 1522 N. HALIFAX AVE. DAYTONA BEACH FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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: _____ Date _____ Daytime Phone # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					