

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90111 046 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6194206	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CICHON, SCOTT 761 JOHN ANDERSON DR ORMOND BEACH, FL 32114				7. Name and Address of New Registered Agent Name Vincent D. Glenn Street Address (P.O. Box Number is Not Acceptable) 1522 N. HALIFAX AVE City Daytona Beach FL Zip Code 32118	
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 D. Glenn Vincent 04/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	1V GLENN, VINCENT D 1522 N HALIFAX AVE DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st 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	2V AUMILLER, MARY FRANCES 1670 ANITA STREET PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VICE PRESIDENT SAPPINGTON, ROBERTA 1009 NORTH US 1 ORMOND BEACH FLA 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3V MORSE, ARI 102 BOB WHITE COURT DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3rd VICE PRESIDENT 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	S MORSE, ARI 102 BOB WHITE COURT DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BUSHY, ANGELINE 136 SHOAL CREEK CIRCLE DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLENN, VINCENT D 1522 N. HALIFAX AVE. DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER HOCHSTETLER, DAVID 1476 KILRUSH DRIVE ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 04/12/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					