

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90059 009 ****61.25

DOCUMENT # 712925	
1. Entity Name	
HEART-OF VOLUSIA, INC.	

Principal Place of Business	Mailing Address
412 S PALMETTO AVE (32114) PO BOX 3 DAYTONA BEACH FL 32115	412 S PALMETTO AVE (32114) PO BOX 3 DAYTONA BEACH FL 32115

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
1st MOORE	CR2E037 (10/06)
4. FEI Number	Applied For
59-6194206	Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
GLENN, VINCENT D 1522 N HALIFAX AVE DAYTONA BEACH FL 32118	

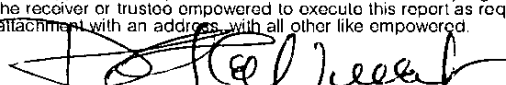
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE 4/9/07

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	GLENN, VINCENT D
STREET ADDRESS	1522 N HALIFAX AVE
CITY, ST, ZIP	DAYTONA BEACH FL 32118
TITLE	1VP ☐ Delete
NAME	ALMILLER, MARY FRANCIS
STREET ADDRESS	1570 ANITA ST
CITY, ST, ZIP	PORT ORANGE FL 32128
TITLE	2VP ☐ Delete
NAME	SAPPINGTON, ROBERTA
STREET ADDRESS	1009 N US 1
CITY, ST, ZIP	ORMOND BEACH FL 32174
TITLE	3VP ☐ Delete
NAME	MORSE, ARI
STREET ADDRESS	102 BOB WHITE CT
CITY, ST, ZIP	DAYTONA BEACH FL 32119
TITLE	S ☐ Delete
NAME	BUSHY, ANGELINE
STREET ADDRESS	136 SHOAL CREEK CIR
CITY, ST, ZIP	DAYTONA BEACH FL 32114
TITLE	T ☐ Delete
NAME	HOCHSTEILER, DAVID
STREET ADDRESS	1476 KILRUSH DR
CITY, ST, ZIP	ORMOND BEACH FL 32174

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE: 4/9/07