

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **713154** (3)
1. Corporation Name
COUNCIL ON AGING OF VOLUSIA COUNTY, INC.



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

3. Date Incorporated or Qualified: **08/04/1967**
3a. Date of Last Report: **02/09/1995**
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**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
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
85. Zip Code

11. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD TROLLINGER, JOHN B. A 991 3RD STREET HOLLY HILL FL
TD CHRISTMAN, CHARLES J. 444 SEABREEZE BLVD. DAYTONA BCH. FL
SD RAYMOND, CAROL 1626 PALM AVE DELAND FL
VD OLIVARI, JOHN 141 SAGEBRUSH TRAIL ORMOND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE TD
1.2 NAME Phillips, Todd O.
1.3 STREET ADDRESS 220 S. Ridgewood Avenue
1.4 CITY-ST-ZIP Daytona Beach, FL 32114
2.1 TITLE SD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE VD
3.2 NAME Schwarz, Ralph
3.3 STREET ADDRESS 221 Fentress Blvd.
3.4 CITY-ST-ZIP Daytona Beach, FL 32114
4.1 TITLE PD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 S. Olivari, President** *John S. Olivari* 2/6/96 904-672-0775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)