FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 713154

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 32115-0674 — 0671 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/04/1967

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1160221	Not Applicable

City & State	City & State	5. Certifcate of Status Desired ☒	$8.75 Additional Fee Required
23	28		

Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24	25	29 32115-0671 30			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

	81 Name	
CAMPUTARO, GAIL F. 160 N BEACH STREET DAYTONA BCH FL 32114	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	FL	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 _____
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 **VD** NAME **PHILLIPS, TODD O.** STREET ADDRESS **220 S RIDGEWOOD AVE** CITY-ST-ZIP **DAYTONA BEACH FL 32114** ☐ DELETE	1.1 TITLE **PD** 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE **TD** NAME **NOWVISKIE, RONALD** STREET ADDRESS **525 FENTRESS BLVD** CITY-ST-ZIP **DAYTONA BEACH FL 32114** ☐ DELETE	2.1 TITLE **V D** 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE **PD** NAME **SCHWARZ, RALPH** STREET ADDRESS **221 FENTRESS BLVD** CITY-ST-ZIP **DAYTONA BEACH FL 32114** ☐ DELETE	3.1 TITLE **D** 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE **D** NAME **OLIVARI, JOHN** STREET ADDRESS **141 SAGEBRUSH TRAIL** CITY-ST-ZIP **ORMOND BEACH FL 32174** ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **SD** NAME **HOFFMAN, HARLEY E** STREET ADDRESS **108 SEMINOLE DRIVE** CITY-ST-ZIP **ORMOND BEACH FL 32174** ☐ DELETE	5.1 TITLE **T D** 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	6.1 TITLE **SD** 6.2 NAME **FRASER, ALAN** 6.3 STREET ADDRESS **5207 S. ATLANTIC AVE # 723** 6.4 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**	☐ Change ☒ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: _____ TODD O. PHILLIPS, PRESIDENT   02/08/99   (904) 253-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #