

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713154

FILED
Jan 07, 2008
Secretary of State

Entity Name: COUNCIL ON AGING OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

160 N BEACH ST
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 671
DAYTONA BEACH, FL 321150671 US

New Mailing Address:

FEI Number: 59-1160221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPUTARO, GAIL F
160 N BEACH STREET
DAYTONA BCH, FL 32114 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEMMON, RICHARD C
Address: 4003 S ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD () Delete
Name: PINELLO, JOE
Address: 1036 DERBYSHIRE ROAD
City-St-Zip: DAYTONA BEACH, FL 32117

Title: TD () Delete
Name: O'SHAUGHNESSY, JIM
Address: 1210 GAMBLE PLACE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: SD () Delete
Name: GORDIN, KATHERINE
Address: 127 S. ORANGE AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BUCE, KRIS
Address: 1655 SR 472
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL F CAMPUTARO

ED

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date