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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717935 (1)

1. Corporation Name
VOLUSIA EDUCATORS ASSOCIATION, INCORPORATED

Principal Place of Business 1381 EDUCATORS RD. DAYTONA BCH FL 32124-1048	Mailing Address 1381 EDUCATORS RD. DAYTONA BCH FL 32124-1048
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CHASE, RICHARD
4673 EARLY RISE LN
JACKSONVILLE FL 32223**

3. Date Incorporated or Qualified 01/22/1970
4. FEI Number 59-1158758
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	P/D SMITH, ANN
NAME	HEARD, PAT	1.2 NAME	489 PINWOOD STREET
STREET ADDRESS	1401 3RD STR	1.3 STREET ADDRESS	ORMOND BEACH, FLA. 32176(6)
CITY-ST-ZIP	DAYTONA BCH FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VP/D FAIR, FRED
NAME	JENKINS, SONYA K	2.2 NAME	1991 LAKE DRIVE
STREET ADDRESS	445 W WAALTS	2.3 STREET ADDRESS	NEW SMYRNA BEACH, FLA 32168
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	T/D HEARD, PATRICIA
NAME	MOSKOWITZ, CHARLES	3.2 NAME	1401 THIRD STREET
STREET ADDRESS	10 SHAWNEE TR	3.3 STREET ADDRESS	DAYTONA BEACH, FLA 32117
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	COURTNEY, SUE	4.2 NAME	
STREET ADDRESS	140 DEER LAKE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Ann H Smith* 6/23/98 255-3286

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