

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719016

FILED
Apr 28, 2009
Secretary of State

Entity Name: NEIGHBORHOOD CENTER OF WEST VOLUSIA, INC.

Current Principal Place of Business:

434 SOUTH WOODLAND BLVD
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

434 SOUTH WOODLAND BLVD
DELAND, FL 32720 US

New Mailing Address:

FEI Number: 59-1380039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARK, SUSAN
434 S WOODLAND BLVD
DELAND, FL 32720 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: S () Delete
Name: LAU, JEFFREY
Address: 768 YALE RD
City-St-Zip: DELAND, FL 32724

Title: T () Delete
Name: DICHINSON, JOHN
Address: 820 E. WISCONSIN AVE
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: COOLIDGE, CHANNING
Address: 145 E. RICK AVE
City-St-Zip: DELAND, FL 32720

Title: V () Delete
Name: FORD, LUCINDA
Address: 1260 VALLEY VIEW LN
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: FELTON, GEOFF
Address: 820 E. WISCONSIN AVE
City-St-Zip: DELAND, FL 32724

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

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

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: LUCINDA BRITT

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date