


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 722609</b>	
1. Entity Name <b>WEST VOLUSIA COUNCIL ON HUMAN RELATIONS, INC.</b>	

Principal Place of Business <b>27 RAMBLEWOOD TRAIL DELAND FL 32724</b>	Mailing Address <b>27 RAMBLEWOOD TRAIL DELAND FL 32724</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E037 (10/07)
4. FEI Number <b>59-1110079</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>COLWELL, ANN 27 RAMBLEWOOD TRAIL DELAND FL 32724</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when constituting)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	P COLWELL, ANN	<input type="checkbox"/>
STREET ADDRESS	27 RAMBLEWOOD TRAIL	
CITY- ST- ZIP	DELAND FL 32724	
TITLE NAME	T MEDLIN, GERRY	<input type="checkbox"/>
STREET ADDRESS	600 N. MCDONALD	
CITY- ST- ZIP	DELAND FL 32724	
TITLE NAME	S JOINER, JERRY	<input type="checkbox"/>
STREET ADDRESS	735 N. SAN SOVC.	
CITY- ST- ZIP	DELAND FL 32720	
TITLE NAME	D MARIS, GARY	<input type="checkbox"/>
STREET ADDRESS	120 W. PENNSYLVANIA	
CITY- ST- ZIP	DELAND FL 32720	
TITLE NAME	D SMITH, JOAN	<input type="checkbox"/>
STREET ADDRESS	115 W. STETSON	
CITY- ST- ZIP	DELAND FL 32720	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann Colwell* ANN COLWELL 2-8-08 386-734-2430