

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728576

FILED
Feb 05, 2005
Secretary of State

Entity Name: WEST VOLUSIA HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

137 W. MICHIGAN AVENUE
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

137 W MICHIGAN AVE
DELAND, FL 32720 US

New Mailing Address:

FEI Number: 59-2619295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN STORZ, BARBARA
428 LAKE WINNEMISSETT DR
DELAND, FL 32724 US

Name and Address of New Registered Agent:

DREGGORS, BILL
27 JASMINE DR.
DEBARY, FL 32713 US

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: BILL DREGGORS

02/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: WETTON, ROBERT
Address: 319 W MINNESOTA AVE
City-St-Zip: DELAND, FL 32720

Title: P () Delete
Name: BOHON, SALLY L
Address: 2140 GLENWOOD HAMMOCK RD
City-St-Zip: DELAND, FL 32720

Title: S () Delete
Name: KERSH, JACKIE
Address: 509 N GARFIELD
City-St-Zip: DELAND, FL 32724

Title: DT () Delete
Name: DUNN STORZ, BARBARA
Address: 428 LAKE WINNEMISSETT DR
City-St-Zip: DELAND, FL 32724

Title: ED () Delete
Name: DREGGORS, BILL
Address: 27 JASMINE DR
City-St-Zip: DEBARY, FL 32713

Title: BM () Delete
Name: RHODES, H. V
Address: 100 E. KENTUCKY AVE. K4
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: STORZ, BARBARA
Address: 428 LAKE WINNEMISSETT DR.
City-St-Zip: DELAND, FL 32724

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

Title: S (X) Change () Addition
Name: RYDER, KAREN
Address: 685 WINTERBERRY TR.
City-St-Zip: DELAND, FL 32724

Title: DT (X) Change () Addition
Name: WETTON, ROBERT
Address: 685 WINTERBERRY TR.
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 for the exemption stated in Section 119.07(3)(i), 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: BILL DREGGORS

ED

02/05/2005

Electronic Signature of Signing Officer or Director

Date