

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728576

FILED
Apr 01, 2006
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: 59-2618295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREGGORS, BILL
27 JASMINE DR.
DEBARY, FL 32713 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: DV () Delete
Name: STORZ, BARBARA
Address: 428 LAKE WINNEMISSETT DR.
City-St-Zip: DELAND, FL 32724

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

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

Title: DT () Delete
Name: WETTON, ROBERT
Address: 685 WINTERBERRY TR.
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: PR (X) Change () Addition
Name: STORZ, BARBARA
Address: 428 LAKE WINNEMISSETT DR.
City-St-Zip: DELAND, FL 32724

Title: VP (X) Change () Addition
Name: GLICK, SUZAN
Address: 309 N. CLARA AVE.
City-St-Zip: DELAND, FL 32720

Title: S (X) Change () Addition
Name: KERSH, JACKIE
Address: 509 N. GARFIELD AVE..
City-St-Zip: DELAND, FL 32724

Title: DT (X) Change () Addition
Name: STORZ, SCOTT
Address: 428 LAKE WINNEMISSETT DR.
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 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: BARBARA STORZ

PR

04/01/2006

Electronic Signature of Signing Officer or Director

Date