

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731442 (0)

1. Corporation Name

VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATI  
ON, INC.



Principal Place of Business

Mailing Address

% MARCIA DELANEY  
7 TIDEWATER DR  
ORMOND BCH FL 32174  
US

% MARCIA DELANEY  
7 TIDEWATER DR  
ORMOND BCH FL 32174  
US

3. Date Incorporated or Qualified  
12/23/1974

3a. Date of Last Report  
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7420808

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELANEY, MARCIA  
7 TIDEWATER DR  
ORMOND BCH FL 32174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VD

☐ DELETE

NAME

DELANEY, MARCIA

STREET ADDRESS

7 TIDEWATER DRIVE

CITY-ST-ZIP

ORMOND BEACH FL

TITLE

PD

☒ DELETE

NAME

DANTINO, CHRIS

STREET ADDRESS

803 RIO PINAR TRL

CITY-ST-ZIP

ORMOND BCH FL

TITLE

DT

☒ DELETE

NAME

PARR, DAWN

STREET ADDRESS

890 JOHN ANDERSON DRIVE

CITY-ST-ZIP

ORMOND BCH FL

TITLE

ST

☒ DELETE

NAME

TOLLAND, LORI

STREET ADDRESS

30 TALAQUAH BLVD.

CITY-ST-ZIP

ORMOND BCH FL

TITLE

T

☒ DELETE

NAME

GORBYONS, MARIAN

STREET ADDRESS

325 LAKE WINNEMISSETT DRIVE

CITY-ST-ZIP

DELAND FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PD

☒ Change

☐ Addition

1.2 NAME

Delaney, Marcia

1.3 STREET ADDRESS

7 Tidewater Dr.

1.4 CITY-ST-ZIP

Ormond Beach, FL 32174

2.1 TITLE

VD

☐ Change

☐ Addition

2.2 NAME

Pirkowski, Samantha

2.3 STREET ADDRESS

635 Forest Lane

2.4 CITY-ST-ZIP

DeLand, FL 32724

3.1 TITLE

SD

☐ Change

☐ Addition

3.2 NAME

McDonough, Susan

3.3 STREET ADDRESS

2148 Villa Way

3.4 CITY-ST-ZIP

New Smyrna Beach, FL 32169

4.1 TITLE

TD

☐ Change

☐ Addition

4.2 NAME

DePeyster, Donna

4.3 STREET ADDRESS

1014 N. Clara Ave.

4.4 CITY-ST-ZIP

DeLand, FL 32720

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

000001776030

5.3 STREET ADDRESS

-04/11/96--01018--016

5.4 CITY-ST-ZIP

\*\*\*61.25

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4-10-96JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Marcia L. Delaney  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

DATE

904/673-0181

DAYTIME PHONE #

CR2E037 (12/95)