


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 731442 1. Entity Name VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.		
Principal Place of Business RAYMOND PHELAN CPA 623 N. GRANDVIEW AVE DAYTONA BEACH, FL 32118 US	Mailing Address RAYMOND PHELAN CPA 623 N. GRANDVIEW AVE DAYTONA BEACH, FL 32118 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PHELAN, RAYMOND CPA 623 N. GRANDVIEW AVE. DAYTONA BEACH, FL 32118		
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELEZ, TERESA 17 COQUINA RIDGE WAY ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLEY, TERRY 6 EAGLE ROCK TRAIL ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLACK, SUSAN B 27 BROOK CREST WAY ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Susan B Black</i> <i>Susan</i> <i>4/04</i> <i>3866721726</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7420808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/13/04-80034-013 61.25

**DO NOT WRITE
IN THIS SPACE**