

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737673

FILED
Apr 22, 2005
Secretary of State

Entity Name: VOLUSIA COUNTY GENEALOGICAL SOCIETY, INC.

Current Principal Place of Business:

VOLUSIA CTY. LIBRARY CENTER
CITY ISLAND
DAYTONA BEACH, FL 32014

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2039
DAYTONA BEACH, FL 32115 US

New Mailing Address:

FEI Number: 51-0198512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UBBENS, EDWIN G.
130 N. SENECA ST
DAYTONA BCH., FL 32014 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: P () Delete
Name: SCHUTT, P. LOUISE
Address: 330 TULIP TREE LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: V () Delete
Name: YATES, SHARON
Address: 1025 VINE ST.
City-St-Zip: DAYTONA BEACH, FL 32117

Title: RS () Delete
Name: O'NEIL, ANNABELLE
Address: 258 GLENBRIAR CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: CST () Delete
Name: UBBENS, EDWIN,
Address: 130 N. SENECA ST.
City-St-Zip: DAYTONA BEACH, FL

Title: D () Delete
Name: OCHS, CARROLL
Address: 3 ROBBEN TERR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: HERNDON, STANLEY
Address: 1133 OCEAN SHORE BLVD., APT 507
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: EDWIN G. UBBENS

CST

04/22/2005

Electronic Signature of Signing Officer or Director

Date