

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90120 006 \*\*\*\*61.25

**DOCUMENT # 737673**

1. Entity Name

**VOLUSIA COUNTY GENEALOGICAL SOCIETY, INC.**



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

**VOLUSIA CO. CITY IS. LIBRARY**

3. Mailing Address

**VOLUSIA CO. GENEALOGY SOCIETY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. BOX 2039**

1st MOORE

CR2E037 (10/05)

City & State

**DAYTONA BEACH**

City & State

**DAYTONA BEACH, FL**

Zip

Country

**VOLUSIA**

Zip

**32120**

Country

**VOLUSIA**

4. FEI Number

**51-0198512**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**UBBENS, EDWIN G.  
130 N. SENECA ST  
DAYTONA BEACH, FL 32014**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

*Edwin G. Ubbens, Treasurer*

*March 21, 2006*

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	SCHUTT, P. LOUISE	330 TULIP TREE LANE	ORMOND BEACH FL 32174	
V	YATES, SHARON	1025 VINE ST.	DAYTONA BEACH FL 32117	<input checked="" type="checkbox"/> Delete
RS	O'NEIL, ANNABELLE	258 GLENBRIAR CIRCLE	DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete
CST	UBBENS, EDWIN	130 N. SENECA ST.	DAYTONA BEACH FL	<input type="checkbox"/> Delete
D	OCHS, CARROLL	3 ROBBERN TERR	DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete
D	HERNDON, STANLEY	1133 OCEAN SHORE BLVD., APT 507	ORMOND BEACH FL 32176	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	YATES, SHARON	1025 VINE ST.	DAYTONA BEACH, FL 32117	
V	BARBARA OCHS	1593 TOWN PARK DRIVE	PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
RS	AUDREY BEEGLE	3181 ROYAL BIRKDALE WAY	DAYTONA BEACH, FL 32124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Edwin G. Ubbens* **EDWIN G. UBBENS**

*3/21/2006* **(386) 252-3578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #