


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90087 046 ****61.25

DOCUMENT # 737673	
1. Entity Name VOLUSIA COUNTY GENEALOGICAL SOCIETY, INC.	

Principal Place of Business VOLUSIA CO. CITY LIBRARY CENTER DAYTONA BEACH FL 32014	Mailing Address VOLUSIA CO. GENEALOGY SOCIETY PO BOX 2039 DAYTONA BEACH FL 32120 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. BOX 2039
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DAYTONA BEACH	City & State DAYTONA BEACH
Zip 32114	Zip 32115
Country VOLUSIA	Country VOLUSIA

4. FEI Number 51-0198512		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UBBENS, EDWIN G. 130 N. SENECA ST DAYTONA BEACH, FL 32014	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 <u>Edwin G. Ubbens</u>	EDWIN G. UBBENS	APRIL 12, 2007
<small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>		

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YATES, SHARON 1025 VINE ST DAYTONA BEACH FL 32117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODARD, JOHN 6097 CROSSBOW LANE PORT ORANGE, FL. 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OCHS, BARBARA 1543 TOWN PARK DR PORT ORANGE FL 32129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS WELLS 1265 MAYFLOWER DR. DAYTONA BEACH, FL 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BEEGLE, AUDREY 3181 ROYAL BIRKDALE WAY DAYTONA BEACH FL 32124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS KAY WELLS 1265 MAYFLOWER DR. DAYTONA BEACH, FL. 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST UBBENS, EDWIN 130 N. SENECA ST. DAYTONA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCHS, CARROLL 3 ROBBER TERR DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. OCHS, CARROLL 1409 ARECA PALM DR. PORT ORANGE, FL. 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNDON, STANLEY 1133 OCEAN SHORE BLVD., APT 507 ORMOND BEACH FL 32176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCE SANTANA 1202 ORANGE TREE DR. EDGEWATER, FL. 32132 <input checked="" 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: <u>Edwin G. Ubbens</u>	EDWIN G. UBBENS	APRIL 12, 2007	(386) 252-3578
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