
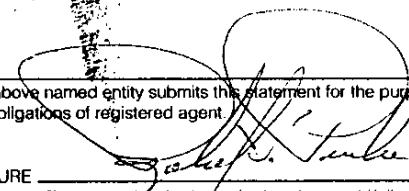
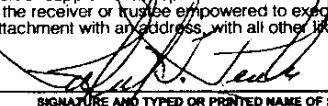


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90016 050 \*\*\*\*61.25

<b>DOCUMENT # 737673</b> 1. Entity Name <b>VOLUSIA COUNTY GENEALOGICAL SOCIETY, INC.</b>					
Principal Place of Business <b>VOLUSIA CO. CITY LIBRARY CENTER DAYTONA BEACH, FL 32114</b>			Mailing Address <b>PO BOX 2039 DAYTONA BEACH, FL 32115 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>51-0198512</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>UBBENS, EDWIN G. 130 N. SENECA ST DAYTONA BEACH, FL 32014</b>			7. Name and Address of New Registered Agent Name <b>ROBERT T. PEAKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>216 BRITTANY AVE.</b> City <b>PORT ORANGE</b> <b>FL</b> Zip Code <b>32127</b>		
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 		<b>ROBERT T. PEAKE</b>		<b>APRIL 19, 2008</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOODARD, JOHN 6097 CROSSBOW LN PORT ORANGE, FL 32128	<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	V WELLS, THOMAS 1265 MAYFLOWER DR DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V INEY BEDELL 722 SLEEPY HOLLOW DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS WELLS, KAY 1265 MAYFLOWER DR DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS KATHRYNE CONSALVO 1833 TARA MARIE LANE <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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROBERT T. PEAKE 216 BRITTANY AVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OCHS, CARROLL 1409 ARECA PALM DR PORT ORANGE, FL 32128	<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 SANTANA, VINCE 1202 ORANGE TREE DR EDGEWATER, FL 32132	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 Chapter 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.					
<b>SIGNATURE:</b> 		<b>ROBERT T. PEAKE</b>		<b>APRIL 19, 2008 386-761-5517</b>	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

ATTACHMENT

40077371

ATTACHMENT TO DOCUMENT # 737673

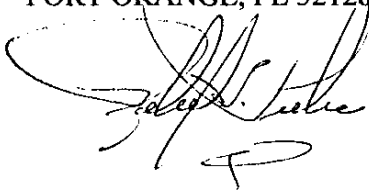
OFFICERS & DIRECTORS

D

OCHS, BARBARA

1409 ARECA PALM DR.

PORT ORANGE, FL 32128

A handwritten signature in dark ink, appearing to read "Robert T. Peake", with a large, stylized flourish above the name.

ROBERT T. PEAKE

April 19, 2008