2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 737673

Entity Name: VOLUSIA COUNTY GENEALOGICAL SOCIETY, INC.

Current Principal Place of Business:

VOLUSIA CO. CITY LIBRARY CENTER
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

PO 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:

PEAKE, ROBERT T
216 BRITTANY AVE
PORT ORANGE, FL 32127 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:	WOODARD, JOHN	
Address:	6097 CROSSBOW LN	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	V	( ) Delete
Name:	INEY, BEDELL	
Address:	722 SLEEPY HOLLOW DR	
City-St-Zip:	DAYTONA BEACH, FL 32119	
Title:	RS	( ) Delete
Name:	CONSALVO, KATHRYNE	
Address:	1833 TARA MARIE LANE	
City-St-Zip:	DAYTONA BEACH, FL 32119	
Title:	T	( ) Delete
Name:	PEAKE, ROBERT T	
Address:	216 BRITTANY AVE	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	D	( ) Delete
Name:	OCHS, CARROLL	
Address:	1409 ARECA PALM DR	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:	D	( ) Delete
Name:	SANTANA, VINCE	
Address:	1202 ORANGE TREE DR	
City-St-Zip:	EDGEWATER, FL 32132	

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
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	OCHS, BARBARA	
Address:	1409 ARECA PALM DR	
City-St-Zip:	PORT ORANGE, FL 32128	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT T. PEAKE TREA 04/15/2009

Electronic Signature of Signing Officer or Director — Date