

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749770 (4)

1. Corporation Name

VOLUSIA COMMUNITY CARE, INC.

Principal Place of Business

**1220 WILLIS AVENUE
DAYTONA BEACH FL 32114-2810**

Mailing Address

**1220 WILLIS AVENUE
DAYTONA BEACH FL 32114-2810**



3. Date Incorporated or Qualified
11/13/1979

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2187337

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COBLE, KERMIT J.
1025 VOLUSIA AVE.
DAYTONA BEACH FL 32015**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Kermit J. Coble

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

(NOTE: Registered Agent signature required when reinstating)

April 22, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **D BORNMAN, LUCILLE**
STREET ADDRESS **524 FAULKNER STREET**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **D FLYNT, LIZZIE**
STREET ADDRESS **808 S MARTIN LUTHER KING**
CITY-ST-ZIP **DAYTONA BCH. FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **PD ATTACK, WILLIAM**
STREET ADDRESS **1308 PEACHTREE ROAD**
CITY-ST-ZIP **DAYTONA BEACH FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **VPD HILLS, RICHARD, REVEREND**
STREET ADDRESS **BOX 1171**
CITY-ST-ZIP **PORT ORANGE FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

D ZIMNY, ANNA
892 DELTONA BLVD.
DELTONA, FL 32725

D SESSION, WILLIE MAE
1108 LAKEWOOD PARK DR.
DAYTONA BEACH, FL 32117

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard L. Hills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1996

Date

Daytime Phone #

CR2E037 (12/95)