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Mar 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **749770**

(4)

1. Corporation Name

VOLUSIA COMMUNITY CARE, INC.

Principal Place of Business

Mailing Address

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

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DAYTONA BEACH FL 32114-2810**

3. Date Incorporated or Qualified

11/13/1979

4. FEI Number

59-2187337

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 **Judson I. Woods, Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)
1020 International Speedway Blvd.

83

84 City **Daytona Beach** **FL** **85** Zip Code **32114**

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 **Judson I. Woods Jr.**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

2-3-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ZIMNY, ANNA**
STREET ADDRESS **892 DELTONA BLVD.**
CITY-ST-ZIP **DELTONA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SESSION, WILLIE MAE**
STREET ADDRESS **1108 LAKEWOOD PARK DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DUNN, LUCKEY M.D.**
STREET ADDRESS **155 S HALIFAX AVE**
CITY-ST-ZIP **DAYTONA BEACH FL**

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **HILLS, RICHARD, REVEREND**
STREET ADDRESS **BOX 1171**
CITY-ST-ZIP **PORT ORANGE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **VD** ☐ Change ☒ Addition
5.2 NAME **Pete LaRosa**
5.3 STREET ADDRESS **1825 Whippoorwill Lane**
5.4 CITY-ST-ZIP **DeLand, FL 32720**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Deanna Schaeffer**
6.3 STREET ADDRESS **111 N. Frederick Avenue**
6.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

3/1/98

CR2E037 (10/97)