


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 750038	
1. Entity Name VOLUSIA LAND TRUST, INC.	
	
Principal Place of Business	Mailing Address
150 MAGNOLIA AVENUE PO BOX 2491 DAYTONA BEACH, FL 32114-9491	150 MAGNOLIA AVENUE PO BOX 2491 DAYTONA BEACH, FL 32114-9491



03292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1963838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
PALMETTO CHARTER SERVICES 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32115	DO NOT WRITE IN THIS SPACE

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 _____ (NOTE, Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANEY, JR., JONATHAN D. 150 MAGNOLIA AVE. DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDERSON, CLAY E 1005 N. DIXIE FREEWAY NEW SMYRNA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARTER, JOAN D. 122 W. MICHIGAN AVE. DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, SIDNEY P. DEER MOSS RANCH DELEON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASCHERL, F. JACKSON 200 CANAL ST NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARREY, HOWARD 763 BEACH STREET DAYTONA BEACH, FL

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:  Jonathan D Kaney Jr. 4-11-05 386-255-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #