

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750038

FILED
Apr 24, 2006
Secretary of State

Entity Name: VOLUSIA LAND TRUST, INC.

Current Principal Place of Business:

150 MAGNOLIA AVENUE
PO BOX 2491
DAYTONA BEACH, FL 321149491

New Principal Place of Business:

Current Mailing Address:

150 MAGNOLIA AVENUE
PO BOX 2491
DAYTONA BEACH, FL 321149491

New Mailing Address:

FEI Number: 59-1963838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32115 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: PD () Delete
Name: KANEY, JR., JONATHAN, D.
Address: 150 MAGNOLIA AVE.
City-St-Zip: DAYTONA BEACH, FL

Title: VD () Delete
Name: HENDERSON, CLAY E
Address: 1005 N. DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BCH., FL

Title: DST () Delete
Name: CARTER, JOAN D.,
Address: 122 W. MICHIGAN AVE.
City-St-Zip: DELAND, FL

Title: D () Delete
Name: PHILLIPS, SIDNEY P.,
Address: DEER MOSS RANCH
City-St-Zip: DELEON SPRINGS, FL

Title: D () Delete
Name: ASCHERL, F. JACKSON,
Address: 200 CANAL ST
City-St-Zip: NEW SMYRNA BEACH, FL

Title: D () Delete
Name: CARREY, HOWARD,
Address: 763 BEACH STREET
City-St-Zip: DAYTONA BEACH, FL

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
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN D. KANEY JR.

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date