

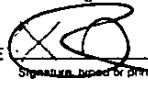
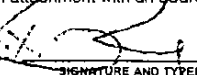


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90038 021 ****61.25

DOCUMENT # 758674 1. Entity Name WEST VOLUSIA ARTISTS, INC.			
Principal Place of Business BILL DREGGORS PARK 230 NORTH STONE ST DELAND, FL 32720 US		Mailing Address CORAL CORRINGHAM 155 GILL ST DELAND, FL 32724 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address CAROL COTTINGHAM Suite, Apt. #, etc. 155 GIEL DR. City & State DELAND, FL Zip 32720 Country VOLUSIA	
			
		03072008 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE		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 COTTINGHAM, CAROL 155 GILL ST DELAND, FL 32724		7. Name and Address of New Registered Agent Name RAYMOND LA BORDE Street Address (P.O. Box Number is Not Acceptable) 1801 HIDDEN WOODS WAY City DELAND FL 32720	
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  DATE 4/4/08 <small>Signature based on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P PETERSON, JOY 3120 BAY SPRINGS TR DELAND, FL 32724	TITLE	P PETERSON, JOY 3120 BAY SPRINGS TR. DELAND, FL 32724
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V PUTZIER, CATHY 97 ROBIN RD DELAND, FL 32724	TITLE	1ST V D CAROL COTTINGHAM 155 GIEL DR. DELAND, FL 32720
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD BISHOP, GLORIA 1981 HAZEN RD DELAND, FL 32720	TITLE	2ND V CLAIRE WHITNEY 685 N. THORPE AV. ORANGE CITY, FL 32713
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD COTTINGHAM, CAROL 155 GILL ST DELTONA, FL 32725	TITLE	SD PAM MC COURT 635 POINSETTIA DR. ORANGE CITY, FL 32763
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD RAYMOND LA BORDE 1801 HIDDEN WOODS WAY DELAND, FL 32720	TITLE	TD RAYMOND LA BORDE 1801 HIDDEN WOODS WAY DELAND, FL 32720
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD RAYMOND LA BORDE 1801 HIDDEN WOODS WAY DELAND, FL 32720	TITLE	TD RAYMOND LA BORDE 1801 HIDDEN WOODS WAY DELAND, FL 32720
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 		3/20/08 (386)734-3445	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RAYMOND LA BORDE		DATE 3/20/08	
DAYTIME PHONE # WVATREASURER			