


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 759397		
1. Entity Name VOLUSIA COUNTY TRUSTS AND ESTATES COUNCIL, INC.		
Principal Place of Business 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32018	Mailing Address ATTN: MICHAEL OLIVARI P.O. BOX 2491 DAYTONA BEACH, FL 32115-2491	



02042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2062603	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, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) 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

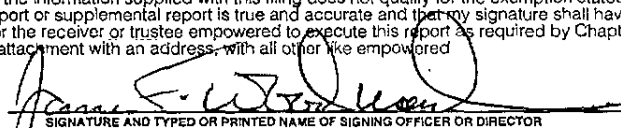
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVARI, MICHAEL 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBER, GLENN 303 N CLUDE MORRIS BLVD DAYTONA BEACH, FL 32120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, SUSAN 1219 DUNN AVE. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, DICK 1020 INT'L SPEEDWAY BLVD. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODWARD, JAMES 1238 RIDGEWOOD AVENUE HOLLY HILL, FL 321172722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIERLING, GEORGE 228 W NEW YORK AVENUE DELAND, FL 32720

000000235862  
02/19/05-80023-003 61.25

**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)(f), 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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James F Woodward

2/17/2005

Date

Daytime Phone #