

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759397

FILED
Apr 10, 2007
Secretary of State

Entity Name: VOLUSIA COUNTY TRUSTS AND ESTATES COUNCIL, INC.

Current Principal Place of Business:

150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32018

New Principal Place of Business:

Current Mailing Address:

ATTN: MICHAEL OLIVARI
P.O. BOX 2491
DAYTONA BEACH, FL 321152491

New Mailing Address:

FEI Number: 59-2062603 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114 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: VP () Delete
Name: OLIVARI, MICHAEL
Address: 150 MAGNOLIA AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PD () Delete
Name: BARBER, GLENN
Address: 303 N CLUDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32120

Title: SD () Delete
Name: MOORE, SUSAN
Address: 1219 DUNN AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: EMERSON, DICK
Address: 1020 INT'L SPEEDWAY BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD () Delete
Name: WOODWARD, JAMES
Address: 1238 RIDGEWOOD AVENUE
City-St-Zip: HOLLY HILL, FL 321172722

Title: D () Delete
Name: SHIERLING, GEORGE
Address: 228 W NEW YORK AVENUE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: BARBER, GLENN
Address: 303 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32120

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
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: MICHAEL OLIVARI

VP

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date