

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90026 012 \*\*\*\*61.25

<b>DOCUMENT # 759397</b> 1. Entity Name <b>VOLUSIA COUNTY TRUSTS AND ESTATES COUNCIL, INC.</b>					
Principal Place of Business <b>150 MAGNOLIA AVE. DAYTONA BEACH, FL 32018</b>			Mailing Address <b>ATTN: MICHAEL OLIVARI P.O. BOX 2491 DAYTONA BEACH, FL 32115-2491</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 2em; margin-bottom: 10px;">400411</div>  <div style="margin-top: 10px;">02152008    Chg-NP    CR2E037 (12/06)</div>	
City & State		City & State			
Zip                      Country		Zip                      Country			
4. FEI Number <b>59-2062603</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="margin-bottom: 10px;">02152008    Chg-NP    CR2E037 (12/06)</div>	
<b>6. Name and Address of Current Registered Agent</b>					
<b>PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114</b>					
<b>7. Name and Address of New Registered Agent</b>					
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.				<div style="margin-bottom: 10px;">02152008    Chg-NP    CR2E037 (12/06)</div>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2008</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	VP	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVARI, MICHAEL		NAME		
STREET ADDRESS	150 MAGNOLIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, GLENN		NAME		
STREET ADDRESS	303 N CLYDE MORRIS BLVD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32120		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, SUSAN		NAME		
STREET ADDRESS	1219 DUNN AVE.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, DICK		NAME		
STREET ADDRESS	1020 INT'L SPEEDWAY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, JAMES		NAME		
STREET ADDRESS	1238 RIDGEWOOD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL, FL 321172722		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIERLING, GEORGE		NAME		
STREET ADDRESS	228 W NEW YORK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720		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.					
<b>SIGNATURE:</b> <i>James F. Woodward</i> <b>TD</b> <i>James F. Woodward</i> <b>2/15/08</b> <b>386-252-4669</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					