

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760782

FILED
Jan 11, 2008
Secretary of State

Entity Name: VOLUSIA MANUFACTURERS ASSOCIATION, INC.

Current Principal Place of Business:

3 BLOCKHOUSE CT
ORMOND BEACH, FL 321743020 US

New Principal Place of Business:

Current Mailing Address:

3 BLOCKHOUSE COURT
ORMOND BEACH, FL 321743020 US

New Mailing Address:

FEI Number: 59-2119052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIFER, JAYNE C.
3 BLOCKHOUSE CT
ORMOND BEACH, FL 321743020 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: C () Delete
Name: VON LERSNER, PETER
Address: 1845 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VC () Delete
Name: MACLAGAN, REBA
Address: 1300 E. INTERNATIONAL SPEEDWAY BLVD.
City-St-Zip: DELAND, FL 32724

Title: P () Delete
Name: FIFER, JAYNE
Address: 3 BLOCKHOUSE CT
City-St-Zip: ORMOND BEACH, FL 32174

Title: IPC () Delete
Name: MADORE, MARK
Address: P.O. BOX 788
City-St-Zip: DELEON SPRINGS, FL 32130

Title: D () Delete
Name: VOLLMAR, MIKE
Address: 8 AVIATOR WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: HALL, RICK
Address: 12 SOUTHLAND ROAD
City-St-Zip: ORMOND BEACH, FL 32174

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 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: JAYNE C. FIFER

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

Date