1. Entity Name	NT # 764802 VOLUSIA HISTORICAL S	OCIETY, INC.		FILED Jan 08, 2001 8:00 am Secretary of State			
Principal Place of Business 201 SAMS AVE. NEW SMYRNA BEACH FL 32170 US		Mailing Address P O BOX 968 NEW SMYRNA BEACH FL 32170 US			01-08-2001 90067 C		The state of the s
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State		4 EEI Numbe	DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For		
City & State Zip Country		Zip Zip	Country		59-2451690 	Not Applicable 8.75 Additional	
32/68	Name and Address of Current R		7			e Required	
WOLSFELT, GOERGE 115 WASHINGTON STREET NEW SMYRNA BEACH FL 32168 8. The above named entity submits this statement for the purpose of changing its reg SIGNATURE SIGNATURE WOLSFELT, GOERGE 115 WASHINGTON STREET NEW SMYRNA BEACH FL 32168 The above named entity submits this statement for the purpose of changing its reg SIGNATURE SIGNATURE				Street Address (P.O. Box Number is Not Acceptable) 4225 J. Attlantic Ave-Unit (41 Civew Smyrna Beach FL Zio Code 69 gistered office or registered agent, or both, in the state of Florida. Stee) - President Jan. 3, 2001			
FILE NOW: FEE IS \$61.25 Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Ref. 9. Election Campaign Fire Trust Fund Contribution Contribution Campaign Fire Is \$61.25			Financing	\$5.00 May Be Added to Fees	Make Check Pa	•	
FEE 13 \$01.23							_ =
STREET ADDRESS P.O.	DON, GENE BOX 849/336 PINEBREEZE D EWATER FL 32132	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fres. MEG	ee lanticAve-Unit a Beach, FC.32	PChange □ Addition	E037 (10/00)
TITLE VD NAME MCG STREET ADDRESS 4225	EE, JAMES S ATLANTIC UNIT 14 SMYRNA BEACH FL 32169	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Charles H 389 Otter New Smyrn	all Blvd. a Beach, FL 32	Change Addition	CHZ
STREET ADDRESS 303	RIKSON, GAIL CORTEZ ST SMYRNA BEACH FL 32169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, and the second	[Change Addition	
STREET ADDRESS 1307	ES, KATHLEEN TURNBULL ST 32/6 SMYRNA BEACH FL 32169	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change ☐ Addition	-
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date Dayting Phone •							