

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90018 036 \*\*\*\*61.25

**DOCUMENT # 764802**

1. Entity Name

SOUTHEAST VOLUSIA HISTORICAL SOCIETY, INC.



Principal Place of Business

120 SAMS AVE.  
NEW SMYRNA BEACH FL 32168  
US

Mailing Address

P O BOX 968  
NEW SMYRNA BEACH FL 32170  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-2451690

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SWEATT, LAWRENCE J  
1309 MAGNOLIA STREET  
NEW SMYRNA BEACH FL 32170

7. Name and Address of New Registered Agent

Name  
NEWELL, RICHARD  
Street Address (P.O. Box Number is Not Acceptable)  
808 LOCUST STREET  
City  
New Smyrna Beach FL Zip Code  
32169

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 *Richard Newell*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/08

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                    |                                            |
|----------------|------------------------------------|--------------------------------------------|
| TITLE          | P                                  | <input checked="" type="checkbox"/> Delete |
| NAME           | SWEAT, LAWRENCE J                  |                                            |
| STREET ADDRESS | 1309 MAGNOLIA STREET, P.O. BOX 723 |                                            |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL 32170          |                                            |
| TITLE          | VP                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | NEWELL, RICHARD                    |                                            |
| STREET ADDRESS | 808 LOCUST STREET                  |                                            |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL 32169          |                                            |
| TITLE          | 2VP                                | <input checked="" type="checkbox"/> Delete |
| NAME           | HOLBROOK, GREG                     |                                            |
| STREET ADDRESS | 1160 CORBIN PARK RD.               |                                            |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL 32168          |                                            |
| TITLE          | T                                  | <input type="checkbox"/> Delete            |
| NAME           | SKATES, LARRY                      |                                            |
| STREET ADDRESS | 424 BOUCHELLE DR, # 301            |                                            |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL 32169          |                                            |
| TITLE          | S                                  | <input type="checkbox"/> Delete            |
| NAME           | MARINEK, MARY L                    |                                            |
| STREET ADDRESS | 333 PINE BREEZE DRIVE              |                                            |
| CITY-ST-ZIP    | EDGEWATER FL 32141                 |                                            |
| TITLE          | D                                  | <input type="checkbox"/> Delete            |
| NAME           | CRUNKILTON, DIANE                  |                                            |
| STREET ADDRESS | 4311 SEA MIST DR, UNIT 236         |                                            |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL 32169          |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                       |                                                                              |
|----------------|---------------------------------------|------------------------------------------------------------------------------|
| TITLE          | President                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Newell, Richard                       |                                                                              |
| STREET ADDRESS | 808 LOCUST STREET                     |                                                                              |
| CITY-ST-ZIP    | New Smyrna Beach, FL 32169            |                                                                              |
| TITLE          | VP                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Holbrook, Greg                        |                                                                              |
| STREET ADDRESS | 1160 CORBIN PARK DR                   |                                                                              |
| CITY-ST-ZIP    | New Smyrna Beach, FL 32168            |                                                                              |
| TITLE          | <del>Director</del>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <del>Greg Holbrook</del>              |                                                                              |
| STREET ADDRESS | <del>707 Corbin Park Dr.</del>        |                                                                              |
| CITY-ST-ZIP    | <del>New Smyrna Beach, FL 32168</del> |                                                                              |
| TITLE          | D                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | NORMAN DECKER                         |                                                                              |
| STREET ADDRESS | 2612 AUBURN AVE                       |                                                                              |
| CITY-ST-ZIP    | New Smyrna Beach, FL 32168            |                                                                              |
| TITLE          |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                       |                                                                              |
| STREET ADDRESS |                                       |                                                                              |
| CITY-ST-ZIP    |                                       |                                                                              |
| TITLE          |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                       |                                                                              |
| STREET ADDRESS |                                       |                                                                              |
| CITY-ST-ZIP    |                                       |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE *Richard Newell*

2/1/08

386-428-9341

**SOUTHEAST VOLUSIA HISTORICAL SOCIETY, INC.**

**120 Sams Ave.**

**New Smyrna Beach, Florida 32168**

**Board of Directors**

**ATTACHMENT**

# 40019639  
764802

**D**

**Bayles, Sally  
503 N. Causeway, Unit 501.  
New Smyrna Beach, FL 32169**

**D**

**Hutchins, Harlan  
1629 Needle Pine Drive  
Edgewater, FL 32141**

**D**

**Burrows, Judy  
682 St. Andrews Circle  
New Smyrna Beach, FL 32168**

**D**

**Brock, Lee  
1317 S. Glencoe Road  
New Smyrna Beach, FL 32168**

**D**

**Chisholm, Charles  
812 E. 5<sup>th</sup> Ave  
New Smyrna Beach, FL 32168**

**D**

**Sturge, Richard  
3557 Maribella Dr.  
New Smyrna Beach, FL 32168**

**D**

**Joan Westrin  
6042 Hickory Grove Lane  
Port Orange, FL 32127**

**D**

**Gail Hendrickson  
827A Maralyn Ave  
New Smyrna Beach, FL 32169**

**D**

**Susan McClain  
822 E. 8<sup>th</sup> Ave  
New Smyrna Beach, FL 32168**