

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90043 045 ****61.25

DOCUMENT # 770870

1. Entity Name

VOITURE LOCAL #294, INC.



Principal Place of Business

C/O JOHN COPPOLO
492 LESLIE DR.
PORT-ORANGE-FL-32127

Mailing Address

C/O JOHN COPPOLO
492 LESLIE DR.
PORT ORANGE FL 32127

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6178148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



1st MOORE CR2E037-(10/04)

6. Name and Address of Current Registered Agent

**COPPOLO, JOHN
492 LESLIE DR.
PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	WILSON, LARRY	
STREET ADDRESS	525 N. DIXIE HIGHWAY	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWIMM, CLARENCE E	
STREET ADDRESS	5025 PALMETTO	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	S	<input type="checkbox"/> Delete
NAME	COPPOLA, JOHN	
STREET ADDRESS	492 LESLIE DRIVE	
CITY-ST-ZIP	PT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRAGG, GEORGE	
STREET ADDRESS	205 HERNANDEZ AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, WENDELL S JR	
STREET ADDRESS	4578 ALDER DR.	
CITY-ST-ZIP	PT. ORANGE FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME	COPPOLO, JOHN	
STREET ADDRESS	492 LESLIE DR.	
CITY-ST-ZIP	PT. ORANGE FL 32127	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARENCE E. SWIMM	
STREET ADDRESS	5025 PALMETTO ST	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
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		
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD QUARTIER	
STREET ADDRESS	2020 ORIOLE LANE	
CITY-ST-ZIP	S. DAYTONA, FL 32119	
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 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: *John Coppola* John Coppola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2005 386-321699

Date

Daytime Phone #