

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90061 039 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6178148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPPOLO, JOHN
492 LESLIE DR.
PORT ORANGE FL 32127

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

John Coppola

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, 2006

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 ☒ Delete
NAME SWIMM, CLARENCE E
STREET ADDRESS 5025 PALMETTO STREET
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE VP ☐ Delete
NAME SWIMM, CLARENCE E
STREET ADDRESS 5025 PALMETTO
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE S ☐ Delete
NAME COPPOLA, JOHN
STREET ADDRESS 492 LESLIE DRIVE
CITY-ST-ZIP PT ORANGE FL 32127

TITLE D ☐ Delete
NAME WRAGG, GEORGE
STREET ADDRESS 205 HERNANDEZ AVENUE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☒ Delete
NAME QUARTIER, DONALD
STREET ADDRESS 2020 ORIOLE LANE
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE T ☐ 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 ☒ Change ☐ Addition
NAME QUARTIER DONALD P 32119
STREET ADDRESS 2020 ORIOLE DR. PORT ORANGE FL
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME GEORGE Guglielmo
STREET ADDRESS 5926 PARK Ridge Cir.
CITY-ST-ZIP Port Orange, FL. 32127

TITLE ☐ Change ☐ 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:

John Coppola

John Coppola

1/25/06 386-322-1050