

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770870

FILED
Jan 16, 2007
Secretary of State

Entity Name: VOITURE LOCAL #294, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

5926 PARK RIDGE CIRCLE
PORT ORANGE, FL 32127

Current Mailing Address:

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

New Mailing Address:

5926 PARK RIDGE CIRCLE
PORT ORANGE, FL 32127

FEI Number: 59-6178148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GUGLIELMO, GEORGE
5926 PARK RIDGE CIRCLE
PORT ORANGE, FL 32127 US

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: GEORGE GUGLIELMO

01/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUARTER, DONALD P
Address: 2020 ORIOLE DR
City-St-Zip: PORT ORANGE, FL 32119

Title: VP () Delete
Name: SWIMM, CLARENCE E
Address: 5025 PALMETTO
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: COPPOLA, JOHN
Address: 492 LESLIE DRIVE
City-St-Zip: PT ORANGE, FL 32127

Title: D () Delete
Name: WRAGG, GEORGE
Address: 205 HERNANDEZ AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: GUGLIELMO, GEORGE
Address: 5926 PARK RIDGE CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: T (X) Delete
Name: COPPOLO, JOHN
Address: 492 LESLIE DR.
City-St-Zip: PT. ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, LARRY
Address: 255 OAK LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP (X) Change () Addition
Name: QUARLES, THOMAS
Address: 746 GREENFIELD DR
City-St-Zip: PORT ORANGE, FL 32127

Title: S/T (X) Change () Addition
Name: GUGLIELMO, GEORGE
Address: 5926 PARK RIDGE CIR
City-St-Zip: PT ORANGE, FL 32127

Title: D (X) Change () Addition
Name: QUARTIER, DONALD
Address: 2020 ORIOLE DR
City-St-Zip: PORT ORANGE, FL 32129

Title: D (X) Change () Addition
Name: RYAN, JOHN
Address: 959 SAND CREST DR
City-St-Zip: PORT ORANGE, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY WILSON

P

01/16/2007

Electronic Signature of Signing Officer or Director

Date