

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90063 017 \*\*\*\*61.25

**DOCUMENT # 770870**

1. Entity Name  
VOITURE LOCAL #294, INC.



Principal Place of Business  
5926 PARK RIDGE CIRCLE  
PORT ORANGE, FL 32127

Mailing Address  
5926 PARK RIDGE CIRCLE  
PORT ORANGE, FL 32127

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

01152008 Chg-NP CR2E037 (12/06)

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

GUGLIELMO, GEORGE  
5926 PARK RIDGE CIRCLE  
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

**Filing 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 ☐ Delete  
NAME QUARLES, THOMAS  
STREET ADDRESS 746 GREENFIELD DR.  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE VP ☐ Delete  
NAME GUGLIELMO, GEORGE  
STREET ADDRESS 5926 PARK RIDGE CIRCLE  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE S/T ☐ Delete  
NAME GUGLIELMO, GEORGE  
STREET ADDRESS 5926 PARK RIDGE CIR  
CITY-ST-ZIP PT ORANGE, FL 32127

TITLE D ☐ Delete  
NAME QUARTIER, DONALD  
STREET ADDRESS 2020 ORIOLE DR  
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE D ☐ Delete  
NAME RYAN, JOHN  
STREET ADDRESS 959 SAND CREST DR  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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STREET ADDRESS  
CITY-ST-ZIP

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

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 Chapter 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:**

*George Guglielmo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08 386-295-8684  
Date Daytime Phone #