## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 

## Secretary of State DOCUMENT # N00000004589 04-22-2005 90270 042 \*\*\*\*61.25 S.P.A.R.C. OF VOLUSIA, INC. Principal Place of Business Mailing Address ...TPA. 321 ROSLYN AVENUE PO ROX 1868 NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-3657526 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OMEARA, MARY S Street Address (P.O. Box Number is Not Acceptable) 321 ROSLYN AVE NEW SMYRNA BEACH, FL 32168 City Zip Code FL 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D/v/S Addition Delete TITLE ☐ Change TITLE HARPER, GENE 206 QUAY ASSISI NAME O'MEARA, MARY NAME STREET ADDRESS 321 ROSLYN AVENUE STREET ADDRESS NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP CITY-ST-ZIP TITLE D Delete TITLE LENK, LINDA 3757 SOUTH ATLANTIC AVENUE TODD, CAROL NAME NAME 705 N. ATLANTIC AVENUE, #502 STREET ADDRESS STREET ADDRESS DAYTONA BEALH SHORES, FL 32118 NEW SMYRNA BEACH, FL 32169 CITY-ST-ZIP CITY-SI-7IP Delete TITLE Change ☐ Addition TITLE CASEY, R. BROOKS NAME CASEY R BROOKS 307 GOAY ASSIST NAME 307 QUAY ASSISI STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH, FL 3216 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE CRAIG, DENNIS G8 SEAWINDS CIRCLE NAME KANE, DAVE NAME 2780 TURNBULL BAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP PONCE INLET, FL 32127 Change TITLE TITLE ☐ Addition Delete NAME ADAMS, TRUDY NAME STREET ADDRESS 333 WEST UNIVERSITY AVE STREET ADDRESS CITY-ST-7IP ORANGE CITY, FL 32763 CITY-ST-7IP TITLE ☐ De!ete TITLE Change ■ Addition ROLL, DAN O NAME NAME ROLL, DAN O. 78 FAIRWAY DRIVE 78 FAIRWAY DRIVE ORMOND BEACH, FL 32176 STREET ADDRESS STREET ADDRESS ORMOND BEACH, FL 32176, CITY-ST-ZIP 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)(1), 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 the like empowered.

NTED MAKE OF SIGNING OFFICER OR DIRECT

FILED

Apr 22, 2005 8:00 am