

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004589

FILED  
Feb 16, 2006  
Secretary of State

Entity Name: S.P.A.R.C. OF VOLUSIA, INC.

## Current Principal Place of Business:

321 ROSLYN AVENUE  
NEW SMYRNA BEACH, FL 32168

## New Principal Place of Business:

206 QUAY ASSISI  
NEW SMYRNA BEACH, FL 32169

## Current Mailing Address:

PO BOX 1868  
NEW SMYRNA BEACH, FL 32170

## New Mailing Address:

FEI Number: 59-3657526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OMEARA, MARY S  
321 ROSLYN AVE  
NEW SMYRNA BEACH, FL 32168 US

## Name and Address of New Registered Agent:

HARPER, ERVIN E  
206 QUAY ASSISI  
NEW SMYRNA BEACH, FL 32169 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: ERVIN E HARPER

02/16/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete  
Name: HARPER, GENE  
Address: 206 QUAY ASSISI  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: LENK, LINDA  
Address: 3757 SOUTH ATLANTIC AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: CD ( ) Delete  
Name: CASEY, R. BROOKS  
Address: 307 QUAY ASSISI  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: CRAIG, DENNIS  
Address: 68 SEAWINDS CIRCLE  
City-St-Zip: PONCE INLET, FL 32127

Title: TD ( ) Delete  
Name: ROLL, DAN O  
Address: 78 FAIRWAY DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ERVIN E HARPER

DIR

02/16/2006

Electronic Signature of Signing Officer or Director

Date