2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# N00000004589

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

Current Principal Place of Business:

206 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

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:

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

Name and Address of New Registered Agent:

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: _____

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 DVS 02/21/2007

Electronic Signature of Signing Officer or Director — Date