


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2008 8:00 am
Secretary of State

06-06-2008 90014 015 ****61.25

DOCUMENT # N00000004589					
1. Entity Name S.P.A.R.C. OF VOLUSIA, INC.					
Principal Place of Business 206 QUAY ASSISI NEW SMYRNA BEACH, FL 32169			Mailing Address PO BOX 1868 NEW SMYRNA BEACH, FL 32170		
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	4. FEI Number 59-3657526	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARPER, ERVIN E 206 QUAY ASSISI NEW SMYRNA BEACH, FL 32169			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DVS NAME HARPER, GENE STREET ADDRESS 206 QUAY ASSISI CITY ST ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE DT NAME DT STREET ADDRESS DT CITY ST ZIP DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LENK, LINDA STREET ADDRESS 3757 SOUTH ATLANTIC AVENUE CITY ST ZIP DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete		TITLE DVP NAME Vargas, Omar B. STREET ADDRESS 1331 Osprey Nest Lane CITY ST ZIP Port Orange, FL 32128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE CD NAME CASEY, R. BROOKS STREET ADDRESS 307 QUAY ASSISI CITY ST ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE DP NAME Casey, R. Brooks STREET ADDRESS 219 Normandy CITY ST ZIP New Smyrna Beach, FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CRAIG, DENNIS STREET ADDRESS 68 SEAWINDS CIRCLE CITY ST ZIP PONCE INLET, FL 32127	<input type="checkbox"/> Delete		TITLE Craig, Terry NAME Craig, Terry STREET ADDRESS Craig, Terry CITY ST ZIP Craig, Terry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ROLL, DAN O STREET ADDRESS 78 FAIRWAY DRIVE CITY ST ZIP ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete		TITLE DS NAME Pope, Joshua J. STREET ADDRESS 150 Magnolia Avenue CITY ST ZIP Daytona Beach, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME Gorski, Joseph STREET ADDRESS 2518 Clarendon Avenue CITY ST ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Delete		TITLE D NAME Gorski, Joseph STREET ADDRESS 2518 Clarendon Avenue CITY ST ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Joshua J. Pope, Secretary <small>Date</small>		
386-323-9235 <small>Daytime Phone #</small>			386-323-9235		

ATTACHMENT

600 44 236

Attachment to Annual Report for S.P.A.R.C. of Volusia, Inc.

Document # N00000004589

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Fugere, Amy

2 Oceans West Blvd., Unit 709

Daytona Beach Shores, FL 32118

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Reveli, Stephanie

351 Andrews Street

Ormond Beach, FL 32174

D

Massey, Constance B.

P.O. Box 1078

New Smyrna Beach, FL 32170