

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004589

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

FILED
Jun 16, 2009
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

Title: DVP () Delete
Name: VARGAS, OMAR B
Address: 1331 OSPREY NEST LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: DP () Delete
Name: BROOKS, CASEY R
Address: 219 NORMANDY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: DS () Delete
Name: POPE, JOSHUA J
Address: 150 MAGNOLIA AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: GORSKI, JOSEPH
Address: 2518 CLARENDON AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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:

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

I hereby certify that the information supplied with this filing does not qualify 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

DIRE

06/16/2009

Electronic Signature of Signing Officer or Director

Date