

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004793

FILED
Jan 26, 2005
Secretary of State

Entity Name: VOLUSIA TEACHERS ORGANIZATION, INC.

Current Principal Place of Business:

600 W NEW YORK AVE
DELAND, FL 32720

New Principal Place of Business:

1381 EDUCATORS ROAD
DAYTONA BEACH, FL 321241048

Current Mailing Address:

600 W NEW YORK AVE
DELAND, FL 32720

New Mailing Address:

1381 EDUCATORS ROAD
DAYTONA BEACH, FL 321241048

FEI Number: 59-2867778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPAR, ANDREW
600 W NEW YORK AVE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

SPAR, ANDREW
1381 EDUCATORS ROAD
DAYTONA BEACH, FL 321241048 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:

01/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SPAR, ANDREW
Address: 1 MARYANNE TERR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS () Delete
Name: THOMAS, MARY
Address: 403 N PINE TRL.
City-St-Zip: DEBARY, FL 32713

Title: DV () Delete
Name: SCHWIRTZ, SANDI
Address: 1422 WHISPERING WOODS WAY
City-St-Zip: DELAND, FL 32724

Title: DMVP () Delete
Name: HOFFMAN, BARBARA
Address: 1335 HILLCREST DR.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Delete
Name:
Address:
City-St-Zip:

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: DT () Change (X) Addition
Name: MOSKOWITZ, CHARLES
Address: 10 SHAWNEE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREW SPAR

DP

01/26/2005

Electronic Signature of Signing Officer or Director

Date