2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

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Entity Name: VOLUSIA TEACHERS ORGANIZATION, INC.

Current Principal Place of Business:

1381 EDUCATORS ROAD
DAYTONA BEACH, FL 321241048

New Principal Place of Business:

Current Mailing Address:

1381 EDUCATORS ROAD
DAYTONA BEACH, FL 321241048

New Mailing Address:

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
1381 EDUCATORS ROAD
DAYTONA BEACH, FL 321241048 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: DP ( ) Delete
Name: SPAR, ANDREW
Address: 1 MARYANNE TERR.
City-St-Zip: ORMOND BEACH, FL 32174 US

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

Title: DT ( ) Delete
Name: BOISVERE, FRANKLIN
Address: 3125 VICTORY PALM DR
City-St-Zip: EDGEWATER, FL 32141 US

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

Title: DEVP ( ) Delete
Name: MOSKOWITZ, CHARLES
Address: 10 SHAWNEE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition
Name: THOMAS, MARY
Address: 403 N PINE MEADOW DRIVE
City-St-Zip: DEBARY, FL 32713 US

Title: DT (X) Change ( ) Addition
Name: SADLER, JACQUELINE
Address: 460 SPRING FOREST DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: DMVP (X) Change ( ) Addition
Name: HOFFMAN, BARBARA
Address: 257 WOODSTOCK CT
City-St-Zip: ORMOND BEACH, FL 32174

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: ANDREW SPAR PRES 02/12/2008

Electronic Signature of Signing Officer or Director — Date