

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90045 032 ****61.25

DOCUMENT # N00000008102

1. Entity Name
**VOLUSIA FLAGLER ADVANCED TECHNOLOGY CENTER,
INC.**



Principal Place of Business
**1770 TECHNOLOGY BOULEVARD
DAYTONA BEACH, FL 32124**

Mailing Address
**1770 TECHNOLOGY BOULEVARD
DAYTONA BEACH, FL 32124**

50057819



07182005 Chg-NP CR2E037 (10/03)

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIDOR, STANLEY MR.
1770 TECHNOLOGY BOULEVARD
DAYTONA BEACH, FL 32124**

7. Name and Address of New Registered Agent

Name
HALL, WILLIAM MR.
Street Address (P.O. Box Number is Not Acceptable)
ATC
1770 TECHNOLOGY BOULEVARD
City
DAYTONA BEACH FL Zip Code
32124

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 William E Hall
Signature, typed or printed name of registered agent and title if applicable.

William Hall, Provost

7/19/05

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHARPLES, D. KENT DR.	
STREET ADDRESS	POST OFFICE BOX 2811	
CITY-ST-ZIP	DAYTONA BEACH, FL 321142811	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, KATHY MS	
STREET ADDRESS	1362 ANA MARIA CIRCLE	
CITY-ST-ZIP	PORT ORANGE, FL 32129	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARE, PAUL MR	
STREET ADDRESS	390 JOHN ANDERSON DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, IRVING MR	
STREET ADDRESS	966 INTERNATIONAL SPEEDWAY BLVD.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, JOHN MR	
STREET ADDRESS	P.O. BOX 2801	
CITY-ST-ZIP	DAYTONA BEACH, FL 32120	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAGE, BRUCE MR	
STREET ADDRESS	21 CYPRESS POINT PARKWAY	
CITY-ST-ZIP	PALM COAST, FL 32164	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: D. Kent Sharples

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/20/05**

Daytime Phone #