


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90013 021 \*\*\*\*61.25

**60020056**

<b>DOCUMENT # N00000008102</b>					
<b>1. Entity Name</b> VOLUSIA FLAGLER ADVANCED TECHNOLOGY CENTER, INC.					
<b>Principal Place of Business</b> 1770 TECHNOLOGY BOULEVARD DAYTONA BEACH, FL 32124			<b>Mailing Address</b> 1770 TECHNOLOGY BOULEVARD DAYTONA BEACH, FL 32124		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HALL, WILLIAM MR 1770 TECHNOLOGY BOULEVARD DAYTONA BEACH, FL 32124			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
<b>SIGNATURE</b> <u>William E. Hall</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>William Hall</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>2-10-06</u> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> SHARPLES, D. KENT DR. <b>STREET ADDRESS</b> POST OFFICE BOX 2811 <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 321142811	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> DELBRUGGE, BILL <b>STREET ADDRESS</b> P.O. BOX 7577 <b>CITY-ST-ZIP</b> BUNNELL, FL 32110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FLETCHER, KATHY MS <b>STREET ADDRESS</b> 1362 ANA MARIA CIRCLE <b>CITY-ST-ZIP</b> PORT ORANGE, FL 32129	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> MCMUNN, WILLIAM H. <b>STREET ADDRESS</b> 1530 CORNERSTONE BLVD. STE 100 <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> CD <b>NAME</b> CLARE, PAUL MR <b>STREET ADDRESS</b> 390 JOHN ANDERSON DRIVE <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> THIGPEN, BOBBY <b>STREET ADDRESS</b> 340-354 NORTH BEACH STREET <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MATTHEWS, IRVING MR <b>STREET ADDRESS</b> 966 INTERNATIONAL SPEEDWAY BLVD. <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> JILOTY, MICHAEL J. <b>STREET ADDRESS</b> 555 W. GRANADA BLVD. STE F5 <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GRAHAM, JOHN MR <b>STREET ADDRESS</b> P.O. BOX 2801 <b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32120	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> REVELS, BARBARA <b>STREET ADDRESS</b> P.O. BOX 4234 <b>CITY-ST-ZIP</b> FLAGLER BEACH, FL 32136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PAGE, BRUCE MR <b>STREET ADDRESS</b> 21 CYPRESS POINT PARKWAY <b>CITY-ST-ZIP</b> PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> REYNOLDS, JOHN <b>STREET ADDRESS</b> 20 ENTERPRISE DRIVE <b>CITY-ST-ZIP</b> BUNNELL, FL 32110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Paul Clare</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Paul Clare</u> <small>Date</small>		<u>(386) 676-9122</u> <small>Daytime Phone #</small>	