

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90041 047 ****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



01112007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, WILLIAM MR
1770 TECHNOLOGY BOULEVARD
DAYTONA BEACH, FL 32124

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APR 03 2007

7. Name and Address of New Registered Agent

Name
MCCRANEY, MICHELLE

Street Address (P.O. Box Number is Not Acceptable)

1770 TECHNOLOGY BOULEVARD

City
DAYTONA BEACH

FL 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

Michelle McCraney

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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 ☐ Delete
NAME DELBRUGGE, BILL DELBRUGGE, BILL
STREET ADDRESS POB 7577
CITY-ST-ZIP BUNNELL, FL 32110

TITLE D ☐ Delete
NAME FLETCHER, KATHY MS
STREET ADDRESS 1362 ANA MARIA CIRCLE
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE D ☐ Delete
NAME CLARE, PAUL MR
STREET ADDRESS 390 JOHN ANDERSON DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE D ☐ Delete
NAME MATTHEWS, IRVING MR
STREET ADDRESS 966 INTERNATIONAL SPEEDWAY BLVD.
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE D ☐ Delete
NAME GRAHAM, JOHN MR
STREET ADDRESS P.O. BOX 2801
CITY-ST-ZIP DAYTONA BEACH, FL 32120

TITLE D ☐ Delete
NAME REYNOLDS, JOHN
STREET ADDRESS 20 ENTERPRISE DR
CITY-ST-ZIP BUNNELL, FL 32110

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Change ☒ Addition
NAME MCMUNN, WILLIAM H.
STREET ADDRESS 1530 CORNERSTONE BLVD., SUITE 100
CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE D ☐ Change ☒ Addition
NAME THIGPEN, BOBBY
STREET ADDRESS 340-354 NORTH BEACH STREET
CITY-ST-ZIP DAYTONA BEACH, FL 32115

TITLE D ☐ Change ☒ Addition
NAME JILOTY, MICHAEL
STREET ADDRESS 555 W. GRANADA BLVD. SUITE F5
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D ☐ Change ☒ Addition
NAME REVELS, BARBARA
STREET ADDRESS PO BOX 4234
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE D ☐ Change ☒ Addition
NAME REYNOLDS, JOHN
STREET ADDRESS 20 ENTERPRISE DR.
CITY-ST-ZIP BUNNELL, FL 32110

TITLE D ☐ Change ☒ Addition
NAME FRASER, RICK
STREET ADDRESS 329 BILL FRANCE BLVD.
CITY-ST-ZIP DAYTONA BEACH, FL 32114

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.

SIGNATURE:

William McMunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

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ATTACHMENT

- PAGE 2 -

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Principal Place of Business 1770 TECHNOLOGY BOULEVARD DAYTONA BEACH, FL 32124			Mailing Address 1770 TECHNOLOGY BOULEVARD DAYTONA BEACH, FL 32124		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALL, WILLIAM MR 1770 TECHNOLOGY BOULEVARD DAYTONA BEACH, FL 32124			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BELBRUGGE, BILL POB 7577 BUNNELL, FL 32110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PARKER, KEN CITY CENTER DR. PORT ORANGE, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FLETCHER, KATHY MS 1362 ANA MARIA CIRCLE PORT ORANGE, FL 32129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CLARE, PAUL MR 390 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete REYNOLDS, JOHN 20 ENTERPRISE DR BUNNELL, FL 32110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

40060878



01112007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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Accounts Payable