


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90312 032 \*\*\*\*61.25

<b>DOCUMENT # N01000000991</b> 1. Entity Name <b>VOLUSIA COUNTY CHAPTER #284 FLORIDA OF NAWIC, INC.</b>					
Principal Place of Business <b>36 KATHY DR. ORMOND BEACH, FL 32176</b>			Mailing Address <b>36 KATHY DR. ORMOND BEACH, FL 32176</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>CHEH, BARBARA</b> <b>36 KATHY DR.</b> <b>ORMOND BEACH, FL 32176</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing 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>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEH, BARBARA		NAME	BEVERLY HENDRICK	
STREET ADDRESS	36 KATHY DR.		STREET ADDRESS	994 Breesmont St	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	HOLLYH. FL 32117	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKY, GILBERT		NAME	DANIELLE D BRUNO	
STREET ADDRESS	3553 JOHN ANDERSON DR.		STREET ADDRESS	229 N. SPARKMAN AVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELLE, BRUNO		NAME	ROBIN M. JACOBS	
STREET ADDRESS	229 N. SPARKMAN AVE.		STREET ADDRESS	9 SPANISH WATERS DRIVE	
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-ST-ZIP	ORMOND BEACH, FL	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>SIGNATURE:</b> <i>Danielle Bruno</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1-11-06</i> (386) 944-0470 #20 <small>Daytime Phone #</small>		

**60024955**



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2058710** Applied For ☐ Not Applicable ☐

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