

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000991

FILED
Mar 28, 2007
Secretary of State

Entity Name: VOLUSIA COUNTY CHAPTER #284 FLORIDA OF NAWIC, INC.

Current Principal Place of Business:

36 KATHY DR.
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

36 KATHY DR.
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2058710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEH, BARBARA
36 KATHY DR.
ORMOND BEACH, FL 32176 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: PD () Delete
Name: HENDRICK, BEVERLY
Address: 994 BREEZEMONT ST
City-St-Zip: HOLLY HILL, FL 32117

Title: TD () Delete
Name: BRUNO, DANIELLE D
Address: 229 NORTH SPARKMANAVE
City-St-Zip: ORANGE CITY, FL 32763

Title: SD () Delete
Name: JACOB, ROBIN M
Address: 9 SPANISH WATERS DR
City-St-Zip: ORMOND BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KRYNICKI, VALINDA
Address: 42 ESTRELLA ROAD
City-St-Zip: DEBARY, FL 32713

Title: TD (X) Change () Addition
Name: KING, ROBIN R
Address: 105 TARRAGONA WAY
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD (X) Change () Addition
Name: MALONEY, MICHELE M
Address: 2808 HISBISCUS DRIVE, UNIT 8
City-St-Zip: EDGEWATER, FL 32141

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBIN R. KING

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03/28/2007

Electronic Signature of Signing Officer or Director

Date