



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007656	
1. Entity Name VOLUSIA/FLAGLER COUNTY PHARMACY ASSOCIATION, INC.	

Principal Place of Business 1545 TOWN PARK DRIVE PORT ORANGE, FL 32129	Mailing Address 1545 TOWN PARK DRIVE PORT ORANGE, FL 32129
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08062004 No Chg-NP	CR2E037 (10/03)
4. FEI Number 16-1643906	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GAMBERT, WILLIAM N 629 NORTH PENINSULA AVENUE DAYTONA BEACH, FL 32118
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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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	U000000169685 08/09/04-80006-021 75.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DODDO, MARCUS 105 NORTHBROOK LANE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUGUENIN, LARRY B 738 KNOLLVIEW BOULEVARD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, JACK 872 TORCHWOOD DRIVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ETHRIDGE, ROBERT W 1545 TOWN PARK DRIVE PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOUDREAU, DENIS 115 ST. ANDREWS DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 (Robert W. Ethridge)	Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 8-7-04	Daytime Phone # 386-947-3652
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