

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90290 034 \*\*\*\*75.00

**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

40070411



04122006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1643906

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GAMBERT, WILLIAM N  
629 NORTH PENINSULA AVENUE  
DAYTONA BEACH, FL 32118

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DODDO, MARCUS
STREET ADDRESS	105 NORTHBROOK LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VD
NAME	HUGUENIN, LARRY B
STREET ADDRESS	738 KNOLLVIEW BOULEVARD
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	SD
NAME	DE LUCA, MICHAEL A
STREET ADDRESS	785 PELICAN BAY DR
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	TD
NAME	ETHRIDGE, ROBERT W
STREET ADDRESS	1545 TOWN PARK DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	D
NAME	GOUDREAU, DENIS
STREET ADDRESS	115 ST. ANDREWS DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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**

*(Robert W. Ethridge)* Robert W. Ethridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-06

Date

386-236-1658

Daytime Phone #