2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N01000007656

Entity Name: VOLUSIA/FLAGLER COUNTY PHARMACY ASSOCIATION, INC.

Current Principal Place of Business:

1545 TOWN PARK DRIVE
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

1545 TOWN PARK DRIVE
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 16-1643906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAMBERT, WILLIAM N
629 NORTH PENINSULA AVENUE
DAYTONA BEACH, FL 32118 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: DODDO, MARCUS
Address: 105 NORTHBROOK LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete
Name: HUGUENIN, LARRY B
Address: 738 KNOLLVIEW BOULEVARD
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD ( ) Delete
Name: DE LUCA, MICHAEL A
Address: 785 PELICAN BAY DR
City-St-Zip: DAYTONA BEACH, FL 32119

Title: TD ( ) Delete
Name: ETHRIDGE, ROBERT W
Address: 1545 TOWN PARK DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete
Name: GOUDREAU, DENIS
Address: 115 ST. ANDREWS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT W. ETHRIDGE TD 05/05/2009
Electronic Signature of Signing Officer or Director — Date