

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007376

FILED
Apr 10, 2006
Secretary of State

Entity Name: CONCERNED CITIZENS FOR ANIMAL WELFARE OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

4037 ACOMA DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

200 HIGHLAND AVE
ORMOND BEACH, FL 32174

Current Mailing Address:

4037 ACOMA DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

200 HIGHLAND AVE
ORMOND BEACH, FL 32174

FEI Number: 06-1650925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: VOIGT, DIANE M
Address: 4037 ACOMA DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD (X) Delete
Name: ROBEL, CHERYL
Address: 4037 ACOMA DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD () Delete
Name: MOLINARO, JUDY
Address: 4037 ACOMA DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: MIHALIC, PATRICIA
Address: 4037 ACOMA DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBEL, CHERYL
Address: 200 HIGHLAND AVE
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: SD (X) Change () Addition
Name: MOLINARO, JUDY
Address: 200 HIGHLAND AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD (X) Change () Addition
Name: MIHALIC, PATRICIA
Address: 200 HIGHLAND AVE
City-St-Zip: ORMOND BEACH, FL 32174

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: PATRICIA MIHALIC

TD

04/10/2006

Electronic Signature of Signing Officer or Director

Date