

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90041 044 ****61.25

DOCUMENT # N02000009693					
1. Entity Name THE VOLUSIA BAR FOUNDATION, INC.					
Principal Place of Business 125 S PALMETTO AVE DAYTONA BEACH, FL 32114			Mailing Address P.O. BOX 15050 DAYTONA BEACH, FL 32115		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01102006 Chg-NP CR2E037 (11/05)	
4. FEI Number 04-3770088				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROCK, JEFFREY P 444 SEABREEZE STE 900 DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name <u>Belle B Schumann</u> Street Address (P.O. Box Number is Not Acceptable) <u>125 E. ORANGE AVE</u> City <u>DAYTONA BEACH</u> FL <u>32114</u>		
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 <u>Belle Schumann</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUPIK, LINDA 2973 S ATLANTIC AVE STE 1404 DAYTONA BEACH SHORES, FL 32118	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAHAM, ARTHUR 543 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kellie Nielan 444 Seabreeze Blvd DAYTONA BEACH FL 32118 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCKER, JAY 101 N ALABAMA AVE DELAND, FL 32724	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID Vedder 1651 N. Clyde Morris Blvd DAYTONA BEACH, FL 32117 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUMANN, BELLE B 444 SEABREEZE BLVD 5TH FL DAYTONA BEACH, FL 32118	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Belle B. Schumann 125 E ORANGE AVE DAYTONA BEACH FL 32114 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, JASON O 707 E THIRD AVENUE NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASON O. BROWN 340 N. CAUSEWAY NEW SMYRNA BEACH FL 32169 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BROCK, JEFFREY P 444 SEABREEZE BLVD #909 DAYTONA BEACH, FL 32118	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Michael Becker 444 Seabreeze Blvd DAYTONA BEACH 32114 ☐ Change ☐ Addition	
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: <u>Belle Schumann</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2/13/06</u> <u>386 25394771</u> Daytime Phone #		