2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State
05-02-2005 90986 022 ****61.25

66021640

DOCUMENT # N04000003816

1. Entity Name
VOLUSIA CONSORTIUM OF TEACHER LEADERS, INC.

Principal Place of Business	Mailing Address
2277 MAGNOLIA DR. NEW SMYRNA BEACH, FL 32168	2277 MAGNOLIA DR. NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business	3. Mailing Address
7315 TURKEY PT DR	7315 TURKEY PT DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TITUSVILLE FL	City & State: TITUSVILLE FL
Zip: 32780 Country: BREVARD	Zip: 32780 Country: BREVARD

02102005 Chg-NP CR2E037 (10/03)

4. FEI Number: 20 - 1770301 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, JOSEPHINE 2277 MAGNOLIA DR. NEW SMYRNA BEACH, FL 32168	Name: JACK HESS Street Address (P.O. Box Number Is Not Acceptable): 7315 TURKEY PT DR. City: TITUSVILLE FL Zip Code: 32780

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: JACK HESS TREASURER — DATE: 4/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2005

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	P TRACY, JUDY 201 S. AMELIA AVE. DELAND, FL 32724	☒ Delete	P STEPHANIE RADFORD 6716 DUCK HORN CT PORT ORANGE FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ PP WHITE, LINDA 63 CARROLWOOD CIR. ORMOND BEACH, FL 32174	☐ Delete	PP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOYLE, SUSAN 614 HALIFAX DR. ORMOND BEACH, FL 32176	☒ Delete	S CATHY TWYMAN 4225 BRISTLE CONE WAY PORT ORANGE FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TAYLOR, JOSEPHINE 2277 MAGNOLIA DR. NEW SMYRNA BEACH, FL 32168	☒ Delete	T JACK HESS 7315 TURKEY PT DR TITUSVILLE FL 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILES, PATRICIA 1427 HARDEN RD. WEST PORT ORANGE, FL 32129	☒ Delete	VP DORIS ZINCK 6074 RED STAY DR PORT ORANGE FL 32128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JACK HESS — 4/26/05 — 407 3286800
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

mail w/ check