

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

FILED
Apr 10, 2006 08:00 A
Secretary of State

DOCUMENT # N04000004051

1. Entity Name
DELAND COMMITTEE OF SENATORS, INC



Principal Place of Business
**360 STEWART AVE
DELAND, FL 32720 US**

Mailing Address
**P O BOX 1324
DELAND, FL 32721 US**



03302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2677719

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEVESQUE, RHONDA L
1140 15TH ST
ORANGE CITY, FL 32763**

**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

Rhonda L Levesque

4/4/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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	P
NAME	PIEPER, MATT
STREET ADDRESS	2728 W HIGHWAY 44
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VP
NAME	RAIHL, DAVID E
STREET ADDRESS	437 LECEILE
CITY-ST-ZIP	DELAND, FL 32724
TITLE	TR
NAME	THOMPSON, BARBARA
STREET ADDRESS	1770 TRINIDAD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	SEC
NAME	LEVESQUE, RHONDA L
STREET ADDRESS	1140 15TH ST
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80036-001 61.25

**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:

Rhonda L Levesque

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06 3867851500

Date Daytime Phone #