2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000004018

1. Entity Name
VETERAN'S COMMUNITY EDUCATION PARTNERSHIP FOR WEST VOLUSIA, INCORPORATED

Principal Place of Business	Mailing Address
C/O MARION L. COTTEN 2072 ALAMEDA DRIVE DELTONA, FL 32738-4874	C/O MARION L. COTTEN 2072 ALAMEDA DRIVE DELTONA, FL 32738-4874

DO NOT WRITE IN THIS SPACE

01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number
56-2521215
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE LA SIERRA, ANGELL O
2336 INDIA BOULEVARD
DELTONA, FL 32738

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 _____ DATE
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000614168
02/06/07-80015-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	COTTEN, MARION L
STREET ADDRESS	2072 ALAMEDA DRIVE
CITY-ST-ZIP	DELTONA, FL 327384874
TITLE	VC
NAME	HICKEY, WILLIAM T
STREET ADDRESS	2289 HOWLAND BOULEVARD
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	S
NAME	O'HARA, WILLIAM P
STREET ADDRESS	1760 S TANNER CT
CITY-ST-ZIP	DELTONA, FL 327388519
TITLE	T
NAME	WHITE, GERTRUDE J
STREET ADDRESS	2066 W BARLINGTON DR
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

1/28/07

SIGNATURE: Marion L. Cotten MARION L. COTTEN 386-960-5425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #