2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000004018

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



FILED

Feb 04, 2008 8:00 am Secretary of State

02-04-2008 90061 002 ****61.25

			(F. 10						
C/O MARION L. COTTEN C/O 2072 ALAMEDA DRIVE 20 DELTONA, FL 32738-4874 DE		C/O MARION L. COTTEN 2072 Alameda drive Deltona, Fl. 32738-4874							
Suite, Apt. #, etc.		uite, Apt. #, etc.		01302008	Chg-NP	CR2E037	(12/06)		
City & State Ci		ty & State		4. FEI Number 56-2521				plied For at Applicable	
Country Zip			Country	5. Certificate of Status Desired 58.75 Additional Fee Required					
6. Name and Address of Current Registere				7. Name and A	ddress of New F	Registered Ag	ent		
erra, angell o a boulevard a, fl 32738				ress (P.O. Box Number	is Not Acceptable	le)			
			City			FL	Zip Cod	е	
tions of registered agent.					The Glade State		TIMES THUI,		
Signature, typed or priviled marrie or registered at	ентани ине и арг	NICADIE. (NOTE	: Hegistared Agent signatura	required when reinstating)		DAIE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHAP	NGES TO OFFICE	RS AND DIRE	CTORS IN	10	
COTTEN, MARION L 2072 ALAMEDA DRIVE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	Change	Addition	
VC HICKEY, WILLIAM T)	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1760 S TANNER	CT	l	Change	☐ Addition	
S O'HARA, WILLIAM P 1760 S TANNER CT DELTONA, FL 327388519		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			Change	☐ Addition	
T WHITE, GERTRUDE J 2066 W BARLINGTON DR DELTONA, FL 32725		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Î	Change	Addition	
		☐ Delete	TITLE NAME STREET ADDRESS		- · · · · · · · · · · · · · · · · · · ·	[Change	☐ Addition	
	L. COTTEN EDA DRIVE L 32738-4874 Place of Business - No P.O. Box # #, etc. Country B. Name and Address of Curre ERRA, ANGELL O A BOULEVARD A, FL 32738 In named entity submits this statementions of registered agent. Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND C COTTEN, MARION L 2072 ALAMEDA DRIVE DELTONA, FL 327384874 VC HICKEY, WILLIAM T 2289 HOWLAND BOULEVARI DELTONA, FL 32738 S O'HARA, WILLIAM P 1760 S TANNER CT DELTONA, FL 327388519 T WHITE, GERTRUDE J 2066 W BARLINGTON DR	L. COTTEN EDA DRIVE L 32738-4874 Place of Business - No P.O. Box # 3. Mail #, etc. Su Country Zig 8. Name and Address of Current Registere ERRA, ANGELL O A BOULEVARD I, FL 32738 Place and entity submits this statement for the purplions of registered agent. Signature, typed or printed name of registered agent and title if applications of registered agent. FIlling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECTORS C COTTEN, MARION L 2072 ALAMEDA DRIVE DELTONA, FL 327384874 VC HICKEY, WILLIAM T 2289 HOWLAND BOULEVARD DELTONA, FL 32738 S O'HARA, WILLIAM P 1760 S TANNER CT DELTONA, FL 327388519 T WHITE, GERTRUDE J 2086 W BARLINGTON DR	L. COTTEN DA DRIVE DA DRIVE DA DRIVE DA DRIVE DO A DRIVE DELTONA, FL 32738-4874 Place of Business - No P.O. Box #	The of Business L. COTTEN CONTEN CONT	Mailing Address L. COTTEN DA DRIVE L 32738-4874 PIEC. Suite. Apr. #, etc. Country DELTONA, FL 32738-4874 Piece of Business - No P.O. Box #/ Suite. Apr. #, etc. Country Zip Country Zip Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent RRA, ANGELL O A BOULEVARD , FL 32738 City City Street Address (P.O. Box Number) Filing Fee ta \$61.25 Due by May 1, 2008 Piece a \$61.25 Due by May 1, 2008 Cofficers AND DIRECTORS COTTEN, MARION L 2072 ALAMEDA DRIVE DELTONA, FL 327384874 VC HICKEY, WILLIAM T 2289 HOWLAND BOULEVARD DELTONA, FL 327388519 Tust Fund Contribution COHARA, WILLIAM T 2299 HOWLAND BOULEVARD DELTONA, FL 327388519 The Boulete TITLE MAME O'HARA, WILLIAM P 1760 S TANNER CT Delde TITLE MAME SIRET ADDRESS CITY-ST-2P UNITE WHITE, GERTRUDE J CONST. 2P Delde TITLE MAME SIRET ADDRESS CITY-ST-2P Delde Delde	The definition of Policy and State of S	Both Business L. COTTEN DO BOX # DELTONA, FL. 32738-4874 Country	This part is the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with, incre or registered agent, or both, in the State of Florida. I am familiar with. State Address (P.O. Box Numb	

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:

MARION L. COTTEN, C

January 30, 2008

386-960-5425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR