

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004018

FILED
Mar 19, 2009
Secretary of State

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

Current Principal Place of Business:

C/O MARION L. COTTEN
2072 ALAMEDA DRIVE
DELTONA, FL 327384874

New Principal Place of Business:

1321 EVARD AVE
DELTONA, FL 32725

Current Mailing Address:

C/O MARION L. COTTEN
2072 ALAMEDA DRIVE
DELTONA, FL 327384874

New Mailing Address:

POST OFFICE BOX 390461
DELTONA, FL 327390461

FEI Number: 56-2521215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: COTTEN, MARION L
Address: 2072 ALAMEDA DRIVE
City-St-Zip: DELTONA, FL 327384874

Title: VC () Delete
Name: O'HARA, WILLIAM P
Address: 1760 S TANNER CT
City-St-Zip: DELTONA, FL 327388519

Title: S () Delete
Name: O'HARA, WILLIAM P
Address: 1760 S TANNER CT
City-St-Zip: DELTONA, FL 327388519

Title: T () Delete
Name: WHITE, GERTRUDE J
Address: 2066 W BARLINGTON DR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: MASIARCZYK, JOHN
Address: 2025 ADELIA BLVD
City-St-Zip: DELTONA, FL 32725

Title: S (X) Change () Addition
Name: WILSON, ELAINE
Address: 1670 W BLUE SPRINGS AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: T (X) Change () Addition
Name: HICKEY, WILLIAM
Address: 2289 HOWLAND BLVD
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION L. COTTEN

C

03/19/2009

Electronic Signature of Signing Officer or Director

Date