

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

47.

FILED
May 23, 2006 8:00 am
Secretary of State

04-26-2006 90202 003 ****70.00

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DOCUMENT # N05000006449					
1. Entity Name VOLUSIA-FLAGLER HIGHER EDUCATION CONSORTIUM, INC.					
Principal Place of Business DAYTONA BCH COLLEGE BLD 100 RM 402 1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BCH, FL 32120-2811			Mailing Address DAYTONA BCH COLLEGE BLD 100 RM 402 1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BCH, FL 32120-2811		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 76-0827307	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BABB, BRIAN 1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BCH, FL 32114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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		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	D REED, TRUDIE K 640 DR MARY MCLEOD BETHUNE BLVD DAYTONA BCH, FL 32114	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, H. DOUGLAS 421 N WOODLAND BLVD DELAND, FL 32723	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBBS, GEORGE 600 S CLYDE MORRIS BLVD DAYTONA BCH, FL 321143900	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITT, JOHN C P.O. BOX 160002 ORLANDO, FL 328160002	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPLES, D. KENT DR. P.O. BOX 2811 DAYTONA BEACH, FL 321202811	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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 my address with all other data empowered.					
SIGNATURE: _____		D. Kent Sharples 4/21/06 (386)506-3200			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	