

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

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	



02272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0827307	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BABB, BRIAN 1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BCH, FL 32114	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

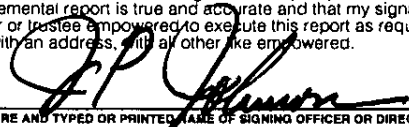
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, TRUDIE K 640 DR MARY MCLEOD BETHUNE BLVD DAYTONA BCH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, H. DOUGLAS 421 N WOODLAND BLVD DELAND, FL 32723
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JOHN 600 S. CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITT, JOHN C P.O. BOX 160002 ORLANDO, FL 328160002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPLES, D. KENT DR. P.O. BOX 2811 DAYTONA BEACH, FL 321202811
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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-08 **386-**
226-6202
Date Daytime Phone #