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	Mailing Address
DAYTONA BCH COLLEGE BLD 100 RM 402 1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BCH, FL 32120-2811	DAYTONA BCH COLLEGE BLD 100 RM 402 1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BCH, FL 32120-2811

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02272008 No Chg-NP CR2E037 (4/06)

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

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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

U00000888520
04/22/08-80017-002 61.25

10. OFFICERS AND DIRECTORS

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

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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: _____ 3-31-08 386-226-6202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #