

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006449

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: VOLUSIA-FLAGLER HIGHER EDUCATION CONSORTIUM, INC.

## Current Principal Place of Business:

DAYTONA BCH COLLEGE BLD 100 RM 402  
1200 W INTERNATIONAL SPEEDWAY BLVD  
DAYTONA BCH, FL 321202811

## New Principal Place of Business:

DAYTONA STATE COLLEGE BLD 100 RM 402  
1200 W INTERNATIONAL SPEEDWAY BLVD  
DAYTONA BCH, FL 321202811

## Current Mailing Address:

DAYTONA BCH COLLEGE BLD 100 RM 402  
1200 W INTERNATIONAL SPEEDWAY BLVD  
DAYTONA BCH, FL 321202811

## New Mailing Address:

DAYTONA STATECOLLEGE BLD 100 RM 402  
1200 W INTERNATIONAL SPEEDWAY BLVD  
DAYTONA BCH, FL 321202811

FEI Number: 76-0827307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BABB, BRIAN  
1200 W INTERNATIONAL SPEEDWAY BLVD  
DAYTONA BCH, FL 32114 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: D ( ) Delete  
Name: REED, TRUDIE K  
Address: 640 DR MARY MCLEOD BETHUNE BLVD  
City-St-Zip: DAYTONA BCH, FL 32114

Title: D ( ) Delete  
Name: LEE, H. DOUGLAS  
Address: 421 N WOODLAND BLVD  
City-St-Zip: DELAND, FL 32723

Title: D ( ) Delete  
Name: JOHNSON, JOHN  
Address: 600 S. CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete  
Name: HITT, JOHN C  
Address: P.O.BOX 160002  
City-St-Zip: ORLANDO, FL 328160002

Title: D ( ) Delete  
Name: SHARPLES, D. KENT DR.  
Address: P.O. BOX 2811  
City-St-Zip: DAYTONA BEACH, FL 321202811

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: KENT SHARPLES

OFFI

04/30/2009

Electronic Signature of Signing Officer or Director

Date