2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N07000011923

Entity Name: GIRLS ON THE RUN OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

490 RIDGE BOULEVARD
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

490 RIDGE BOULEVARD
DELAND, FL 32724

New Mailing Address:

FEI Number: 61-1554013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEEN, KATHY
490 RIDGE BOULEVARD
DELAND, FL 32724 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: TAYLOR, LITZA
Address: 1672 N STONE ST.
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: FITZSIMMONS, PEGGY
Address: 1597 MASTERPIECE WAY
City-St-Zip: DELAND, FL 32724

Title: C ( ) Delete
Name: WEISS, KAREN
Address: 975 ISLAND GROVE DR.
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: STEEN, KATHY
Address: 490 RIDGE BLVD
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: ALLDREDGE, MELODY
Address: GREENS DAIRY RD
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FOX, PEGGY
Address: 416 SECLUDUD OAKS TR.
City-St-Zip: DELAND, FL 32724

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: D (X) Change ( ) Addition
Name: HALL, MELODY
Address: 573 GREENS DAIRY RD
City-St-Zip: DELAND, FL 32720

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: KATHY STEEN D 05/04/2009
Electronic Signature of Signing Officer or Director — Date