

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:33

DOCUMENT # N08142 (4)

1. Corporation Name

VOLUSIA COUNTY EDUCATION DIRECT-SUPPORT ORGANIZATION, INC.

Principal Place of Business

Mailing Address

200 N CLARA AVE
P O BOX 2118
DELAND FL 32721

200 N CLARA AVE
P O BOX 2118
DELAND FL 32721

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1985

3a. Date of Last Report

03/04/1994

4. FEI Number

59-2560862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

2c

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, RICHARD
543 S. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

BUTERA, BETH

STREET ADDRESS

19 NOTTINGHAM DR

CITY - ST - ZIP

ORMOND BEACH FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

D

NAME

CANADA, VAN

STREET ADDRESS

P O BOX 2077

CITY - ST - ZIP

DELAND FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

DS

NAME

DAVISON, BILL

STREET ADDRESS

P O BOX 2120 N/A

CITY - ST - ZIP

DAYTONA BCH FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

DP

NAME

COLEMAN, BOB

STREET ADDRESS

P O BOX 2851 N/A

CITY - ST - ZIP

DAYTONA BCH FL

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

DP

NAME

LYDECKER, CHARLES

STREET ADDRESS

P O DRAWER 1712 N/A

CITY - ST - ZIP

DAYTONA BCH FL

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

DV

NAME

PETROCK, JOE

STREET ADDRESS

P O BOX 2840 N/A

CITY - ST - ZIP

DAYTONA BCH FL

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14.

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or 13 (or both) if changed, or on an attachment with an address.

SIGNATURE:

Beth Butera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/95

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