

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 108142

1. Corporation Name
Volusia Cnty Education Direct Support Organization, Inc

Principal Place of Business 200 N. Clara Ave POB 2118 Deland, FL 32721	Mailing Address 200 N. Clara Ave POB 2118 Deland, FL 32721
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 3/14/85	3a. Date of Last Report 2/14/96
4. FEI Number 59.2560862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Richard Graham
543 S. Ridgewood Ave.
Daytona Bch, FL 32114

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Bulera, Beth	
STREET ADDRESS	19 Nottingham Dr	
CITY-ST-ZIP	Ormond Bch, FL 32174	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Bob Coleman	
STREET ADDRESS	POB 2851 (NA)	
CITY-ST-ZIP	Daytona Bch, FL 32114	
TITLE	Free Pres elect	<input type="checkbox"/> DELETE
NAME	Charlie Hydecker	
STREET ADDRESS	PO Drawer 1712 (NA)	
CITY-ST-ZIP	Daytona Bch, FL 32114	
TITLE	Lloyd Collins Vice-Pres	<input type="checkbox"/> DELETE
NAME	POB 2120 (NA)	
STREET ADDRESS	Daytona Bch, FL 32114	
CITY-ST-ZIP	Daytona Bch, FL 32114	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Bob Lloyd	
STREET ADDRESS	POB 191 (NA)	
CITY-ST-ZIP	Daytona Bch, FL 32114	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Beth Bulera
1.3 STREET ADDRESS	19 Nottingham Dr
1.4 CITY-ST-ZIP	Ormond Bch, FL 32174
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bob Coleman
2.3 STREET ADDRESS	425 Williamson Blvd
2.4 CITY-ST-ZIP	Daytona Bch, FL 32114
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charlie Lydcker
3.3 STREET ADDRESS	220 S. Ridgewood Ave
3.4 CITY-ST-ZIP	Daytona Bch, FL 32114
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lloyd Collins
4.3 STREET ADDRESS	120 S. Ridgewood Ave
4.4 CITY-ST-ZIP	Daytona Bch, FL 32114
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beth Bulera 4/17/97 904 255-6475
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR X.4505
 Date Daytime Phone #

CR2E037 (9/96)