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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09975** (6)

1. Corporation Name

VOLUSIA CRIME PREVENTION ASSOCIATION, INC.



Principal Place of Business P O BOX 22 DAYTONA BCH FL 32115-0022	Mailing Address P O BOX 22 DAYTONA BCH FL 32115-0022
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3. Date Incorporated or Qualified

06/24/1985

4. FEI Number

59-2827616

Applied For

Not Applicable

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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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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARTINGTON, W E
1284 FERNWAY DRIVE
ORMOND BEACH FL 32174**

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	PO
NAME	WOOD, ROBIN J	1.2 NAME	Kearsch, Joseph R.
STREET ADDRESS	312 W. NEW YORK AVE.	1.3 STREET ADDRESS	170 W. Granada Blvd.
CITY-ST-ZIP	DELAND FL 32720	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	VD	2.1 TITLE	VD
NAME	WANDELT, GARY E	2.2 NAME	Lincoln, Joseph L.
STREET ADDRESS	2400 S. RIDGEWOOD AVE., #15	2.3 STREET ADDRESS	1150 Red John Rd.
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	2.4 CITY-ST-ZIP	DAYTONA Beach FL 32114
TITLE	SD	3.1 TITLE	SD
NAME	HENNING, APRIL	3.2 NAME	Giroux, Jan
STREET ADDRESS	2938 SUNSET DRIVE	3.3 STREET ADDRESS	922 Torchwood Dr.
CITY-ST-ZIP	NEW SMYRNA FL 32168	3.4 CITY-ST-ZIP	DELAND FL 32120
TITLE	TD	4.1 TITLE	TD
NAME	PARTINGTON, W E	4.2 NAME	CARTER, Evelyn
STREET ADDRESS	1284 FERNWAY DRIVE	4.3 STREET ADDRESS	87 Jennifer Cir.
CITY-ST-ZIP	ORMOND BCH FL 32174	4.4 CITY-ST-ZIP	So. Daytona FL 32119
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

[Signature] **JOSEPH R. KEARSCH** **3/27/98** **904-676-3526**

CR2E037 (10/97)