


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90030 050 \*\*\*\*61.25

<b>DOCUMENT # N09975</b> 1. Entity Name <b>VOLUSIA CRIME PREVENTION ASSOCIATION, INC.</b>					
Principal Place of Business <b>P O BOX 22 DAYTONA BCH, FL 32115-0022</b>			Mailing Address <b>P O BOX 22 DAYTONA BCH, FL 32115-0022</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PEARSALL, TED 990 ORANGE AVE DAYTONA BEACH, FL 32114</b>				7. Name and Address of New Registered Agent Name: <b>Penny Miller</b> Street Address (P.O. Box Number is Not Acceptable): <b>990 ORANGE AVE.</b> City: <b>DAYTONA BEACH</b> FL Zip Code: <b>32114</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: <i>Penny Miller</i> <b>Penny Miller Secretary</b> <b>8/26/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PEARSALL, TED 990 ORANGE AVE DAYTONA BEACH, FL 32114</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D. BALL, Timothy R. P.O. Box 100 EDGEWATER FL 32132</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BALL, TIMOTHY R PO BOX 100 EDGEWATER, FL 32132</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Doggert, Jim 170 W. GRANADA BLVD ORMOND BEACH FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MILLER, PENNY 900 ORANGE DAYTONA BEACH, FL 32114</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HANNAH, MARIE 990 ORANGE DAYTONA BEACH, FL 32114</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Penny Miller Penny Miller</b> <b>8/26/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50064001



07282005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2827616**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PEARSALL, TED 990 ORANGE AVE DAYTONA BEACH, FL 32114</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BALL, TIMOTHY R PO BOX 100 EDGEWATER, FL 32132</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D. BALL, Timothy R. P.O. Box 100 EDGEWATER FL 32132</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Doggert, Jim 170 W. GRANADA BLVD ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**SIGNATURE: Penny Miller Penny Miller** **8/26/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR