

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09975

FILED
Mar 16, 2009
Secretary of State

Entity Name: VOLUSIA CRIME PREVENTION ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 22
DAYTONA BCH, FL 321150022

New Principal Place of Business:

1395 DUNLAWTON AVE
PORT ORANGE, FL 32129 US

Current Mailing Address:

P O BOX 22
DAYTONA BCH, FL 321150022

New Mailing Address:

PO BOX
DAYTONA BEACH, FL 321150022

FEI Number: 59-2827616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DAVID
BOX 22
DAYTONA BEACH, FL 32115 US

Name and Address of New Registered Agent:

MILLER, DAVID
1395 DUNLAWTON AVE
PORT ORANGE, FL 32129 US

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:

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, DAVID
Address: 1395 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32129

Title: SD () Delete
Name: MILLER, PENNY
Address: 900 ORANGE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD () Delete
Name: HANNAH, MARIE
Address: 990 ORANGE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V () Delete
Name: BISS, BARRIE
Address: 2400 S. RIDGEWOOD AVE 315
City-St-Zip: SOUTH DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, DAVID OFFICER
Address: 1395 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32129

Title: SD (X) Change () Addition
Name: TRUDO, NANCY M
Address: 708 PINE SHORES CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NANCY M TRUDO

SD

03/16/2009

Electronic Signature of Signing Officer or Director

Date