

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90068 043 ****61.25

DOCUMENT # N09975

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2827616**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **TED PEARSAII**

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

990 ORANGE AVE

DAYTONA BEACH

FL

Zip Code

32114

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **PARTINGTON, WILLIAM**
STREET ADDRESS **54 W GRANADA BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **PD** ☒ Change ☐ Addition
NAME **PEARSAII, TED**
STREET ADDRESS **990 ORANGE AV.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **VD** ☒ Delete
NAME **FLOYD, AARON**
STREET ADDRESS **1307 CADILLAC DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE **VD** ☒ Change ☐ Addition
NAME **BELL, TIMOTHY R.**
STREET ADDRESS **P.O. BOX 100**
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **SD** ☐ Delete
NAME **KELLY, MARY**
STREET ADDRESS **300 GOODALL AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **CARTER, EVELYN**
STREET ADDRESS **87 JENNIFER CIRCLE**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE REQUIRED TED PEARSAII

1-17-03

386715774

CR2E037 (10/02)