

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90053 030 \*\*\*\*61.25

**DOCUMENT # N10283**

1. Entity Name  
**VOLUSIA COUNTY CITIZENS DISPUTE SETTLEMENT  
PROJECT, INC.**



Principal Place of Business  
**101 2ND STREET  
HOLLY HILL, FL 32117**

Mailing Address  
**101 2ND STREET  
HOLLY HILL, FL 32117**

40006061



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2549349**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CARROLL, JUDY  
101 2ND STREET  
SUITE 7  
HOLLY, FL 32117**

Name

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

City

**FL**

Zip Code

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

*Judy Carroll*

*Judy Carroll Executive Director 1/13/05*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 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 **D** ☒ Delete  
NAME **DE LA ROCHE, STEPHEN**  
STREET ADDRESS **125 EAST ORANGE AVE.**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **D** ☐ Delete  
NAME **LEEKES, ARNOLD**  
STREET ADDRESS **1515 CASEY LANE**  
CITY-ST-ZIP **PORT ORANGE, FL 32119**

TITLE **S** ☐ Delete  
NAME **DAVIS, DOROTHY K**  
STREET ADDRESS **29 TIMBER TRAIL**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **D** ☐ Delete  
NAME **ALLISON, LILI B**  
STREET ADDRESS **1182 BRICKELL DR**  
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE ☒ ☐ Delete  
NAME **CICHON, SCOTT**  
STREET ADDRESS **PO BOX 2491**  
CITY-ST-ZIP **DAYTONA BEACH, FL 321142491**

TITLE **D** ☐ Delete  
NAME **BELL, BRETHA**  
STREET ADDRESS **620 NORTH DUSS STREET**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Chairperson** ☐ Change ☒ Addition  
NAME **LINDA KALAYASIAN**  
STREET ADDRESS **784 Peninsula Dr.**  
CITY-ST-ZIP **Ormond Beach, FL 32176**

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Dorothy Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dorothy Davis*

*1/13/05*

Date

*386-239-6509*

Daytime Phone #