


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

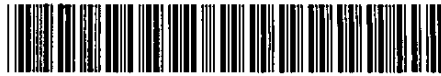
**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90052 009 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N10283</b>                                 |  |
| <b>1. Entity Name</b>                                    |   |
| VOLUSIA COUNTY CITIZENS DISPUTE SETTLEMENT PROJECT, INC. |   |

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| <b>Principal Place of Business</b>    | <b>Mailing Address</b>                |
| 101 2ND STREET<br>HOLLY HILL FL 32117 | 101 2ND STREET<br>HOLLY HILL FL 32117 |

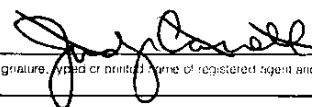
|   |         |                           |         |
|---|---------|---------------------------|---------|
| <b>2. Principal Place of Business - No P.O. Box #</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                                   |         | Suite, Apt. #, etc.       |         |
| City & State  |         | City & State              |         |
| Zip   | Country | Zip                       | Country |



1st MOORE CR2E037 (10/06)

|  |  |   |  |
|--|--|---|--|
| <b>4. FEI Number</b><br>59-2549349                               |  | <b>Applied For</b><br>Not Applicable  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>           |  | <b>7. Name and Address of New Registered Agent</b>                                |  |
| CARROLL, JUDY<br>101 2ND STREET<br>SUITE 7<br>HOLLY FL 32117     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 Executive Director 2/6/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2007</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                          |  |
|--|--|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>C</b><br>KALAYDJIAN, LINDA<br>784 PENINSULA DR<br>ORMOND BEACH FL 32176 <input type="checkbox"/> Delete         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>D</b><br>LEEKES, ARNOLD<br>1515 CASEY LANE<br>PORT ORANGE FL 32119 <input type="checkbox"/> Delete              | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>S</b><br>DAVIS, DOROTHY K<br>29 TIMBER TRAIL<br>PORT ORANGE FL 32127 <input type="checkbox"/> Delete            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>D</b><br>ALLISON, LILI B<br>1182 BRICKELL DR<br>DELTONA FL 32725 <input type="checkbox"/> Delete                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>C</b><br>CICHON, SCOTT<br>PO BOX 2491<br>DAYTONA BEACH FL 32114-2491 <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>D</b><br>BELL, BRETHA<br>620 NORTH DUSS STREET<br>NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  Judy Carroll Executive Director 2/6/07 386-239-6504