

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10283

FILED
Apr 20, 2009
Secretary of State

Entity Name: VOLUSIA COUNTY CITIZENS DISPUTE SETTLEMENT PROJECT, INC.

Current Principal Place of Business:

101 2ND STREET
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

101 2ND STREET
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 59-2549349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KALAYDJIAN, LINDA
Address: 784 PENINSULA DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: LEEKS, ARNOLD
Address: 1515 CASEY LANE
City-St-Zip: PORT ORANGE, FL 32119

Title: S () Delete
Name: DAVIS, DOROTHY K
Address: 29 TIMBER TRAIL
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: BENNETT, LORI
Address: P.O. BOX 7378
City-St-Zip: DAYTONA BEACH SHORES, FL 32116

Title: VC () Delete
Name: BECK, DAVID
Address: 125 E. ORANGE AVE., STE 203
City-St-Zip: DAYTONA BEACH, FL 321142491

Title: D () Delete
Name: BELL, BRETHA
Address: 620 NORTH DUSS STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DOROTHY DAVIS

SEC

04/20/2009

Electronic Signature of Signing Officer or Director

Date