FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:04

DOCUMENT # N12108 (9)

1. Corporation Name

VOLUSIA COUNTY HEALTH DEPARTMENT EMPLOYEES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
501 S. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114-3929	501 S. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114-3929

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1985
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2895495 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

LEAGLE, PATRICIA
501 S CLYDE MORRIS BLVD
DAYTONA BCH FL 32114

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	LEAGLE, PATRICIA	1.2 NAME	LEAGLE, PATRICIA	
STREET ADDRESS	474 Woodstock Dr.	1.3 STREET ADDRESS	474 WOODSTOCK DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	T	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	MEDEIROS, CAROL	2.2 NAME	MEDEIROS, CAROL	
STREET ADDRESS	958 Village Trail #408	2.3 STREET ADDRESS	958 VILLAGE TRAIL #408	
CITY-ST-ZIP	Pt. Orange, Fl. 32127	2.4 CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	VP	3.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	Robin Reim	3.2 NAME	REIM, ROBIN	
STREET ADDRESS	35 Poinsettia Dr.	3.3 STREET ADDRESS	35 POINSETTIA DRIVE	
CITY-ST-ZIP	DeLand, Fl.	3.4 CITY-ST-ZIP	DELAND, FL	
TITLE	S/D	4.1 TITLE		☐ Change ☐ Addition
NAME	BAUER, BECKY	4.2 NAME		
STREET ADDRESS	P.O. BOX 1318 N/A	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia L. Leagle 1/25/95 904-943-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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