

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12108 (9)

1. Corporation Name

VOLUSIA COUNTY HEALTH DEPARTMENT EMPLOYEES ASSOC
IATION, 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



3. Date Incorporated or Qualified
11/15/1985

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1-23-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME LEAGLE, PATRICIA
STREET ADDRESS 474 WOODSTOCK DRIVE
CITY-ST-ZIP PORT ORANGE FL

11 TITLE PD ☒ Change ☐ Addition
12 NAME Leagle, Patricia
13 STREET ADDRESS 572 Reed Canal Road #76
14 CITY-ST-ZIP S. Daytona, FL 32119

TITLE TD ☐ DELETE
NAME MEDEIROS, CAROL
STREET ADDRESS 958 VILLAGE TRAIL, 408
CITY-ST-ZIP S DAYTONA FL

21 TITLE TD ☒ Change ☐ Addition
22 NAME Medeiros, Carol
23 STREET ADDRESS 2655 Arlington Avenue
24 CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE VPD ☒ DELETE
NAME TEIM, ROBIN
STREET ADDRESS 35 POINSETTA DRIVE
CITY-ST-ZIP DELAND FL

31 TITLE VPD ☐ Change ☒ Addition
32 NAME Roxanne Cain
33 STREET ADDRESS 194 Ridge Road
34 CITY-ST-ZIP Oak Hill, FL 32759

TITLE S ☒ DELETE
NAME BAUER, BECKY
STREET ADDRESS P.O. BOX 1318 N/A
CITY-ST-ZIP DELAND FL

41 TITLE S ☐ Change ☒ Addition
42 NAME Kathy Servoss
43 STREET ADDRESS 44316 Lake Mack Drive
44 CITY-ST-ZIP DeLand, FL 32720

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-96

904 947-3446

CR2E037 (12/95)

PS 3/18/96