

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90143 032 ****61.25

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DOCUMENT # N12108

1. Corporation Name

VOLUSIA COUNTY HEALTH DEPARTMENT EMPLOYEES ASSOCIATION, INC.

Principal Place of Business

501 S. CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114-3929

Mailing Address

501 S. CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114-3929



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/15/1985

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

9. Name and Address of Current Registered Agent

KAUFFMAN, MARLA
501 S CLYDE MORRIS BLVD
DAYTONA BCH FL 32114

10. Name and Address of New Registered Agent

81 Name **Jane P. Gray**
82 Street Address (P.O. Box Number is Not Acceptable)
1330 S. Woodland Blvd.
83 **DeLand Volusia County Health Dept.**
84 City **DeLand** 85 **FL** Zip Code **32720**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **KAUFFMAN, MARLA**
STREET ADDRESS **501 S. CLYDE MORRIS BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **TD** ☐ DELETE
NAME **MAYLEN, MARTIN**
STREET ADDRESS **501 S. CLYDE MORRIS BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **VPD** ☒ DELETE
NAME **DIAMA, PATRICK**
STREET ADDRESS **501 S. CLYDE MORRIS BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **S** ☒ DELETE
NAME **FORHAM, HARRIET**
STREET ADDRESS **501 S. CLYDE MORRIS BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☐ Change ☒ Addition
1.2 NAME **Jack R. Fisher**
1.3 STREET ADDRESS **501 S. Clyde Morris Blvd.**
1.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

2.1 TITLE **V/D** ☐ Change ☒ Addition
2.2 NAME **Jane P. Gray**
2.3 STREET ADDRESS **1330 S. Woodland Blvd.**
2.4 CITY-ST-ZIP **DeLand, FL 32720**

3.1 TITLE **S/D** ☐ Change ☒ Addition
3.2 NAME **Eileen M. Ward**
3.3 STREET ADDRESS **2752B Enterprise Rd.**
3.4 CITY-ST-ZIP **Orange City, FL 32763**

4.1 TITLE **~~S/D~~** ☒ Change ☐ Addition
4.2 NAME **~~Maylen Martin~~**
4.3 STREET ADDRESS **~~501 S. Clyde Morris Blvd.~~**
4.4 CITY-ST-ZIP **~~Daytona Beach, FL 32114~~**

5.1 TITLE **T** ☐ Change ☒ Addition
5.2 NAME **Maria T. Trascritti**
5.3 STREET ADDRESS **1330 S. Woodland Blvd.**
5.4 CITY-ST-ZIP **DeLand, FL 32720**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (1/98)