

DOCUMENT # N12108

1. Entity Name

VOLUSIA COUNTY HEALTH DEPARTMENT EMPLOYEES ASSOC

Principal Place of Business

Mailing Address

501 S. CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114-3929501 S. CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114-3929

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2895495Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, JANE P
1330 S. WOODLAND BLVD
VOLUSIA COUNTY HEALTH DEPT.
DELAND FL 32720

7. Name and Address of New Registered Agent

Name **Jack R Fisher**
Street Address (P.O. Box Number is Not Acceptable)
501 S. Clyde Morris Blvd
Volusia County Health Dept
City **Daytona Beach** FL Zip Code **32114**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FISHER, JACK R	
STREET ADDRESS	501 S. CLYDE MORRIS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAYLEN, MARTIN	
STREET ADDRESS	501 S. CLYDE MORRIS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAY, JANE P	
STREET ADDRESS	1330 S. WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WARD, EILEEN M	
STREET ADDRESS	2752B ENTERPRISE RD	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRASCRIPTI, MARIA T	
STREET ADDRESS	1330 S. WOODLAND BLVD.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90100 043 ****61.25



DO NOT WRITE IN THIS SPACE

1/20/00 (904) 947-3233
Date Daytime Phone #