

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12108

FILED
Mar 10, 2006
Secretary of State

Entity Name: VOLUSIA COUNTY HEALTH DEPARTMENT EMPLOYEES ASSOCIATION, INC.

Current Principal Place of Business:

1845 HOLSONBACK DR
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

1845 HOLSONBACK DR
DAYTONA BEACH, FL 32117 US

New Mailing Address:

FEI Number: 59-2895495 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAY, JANE P
1845 HOLSONBACK DR
DAYTONA BEACH, FL 32120 US

Name and Address of New Registered Agent:

VITA, DONNA M
1845 HOLSONBACK DR
DAYTONA BEACH, FL 32117 US

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: DONNA VITA

03/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRAY, JANE P
Address: 5 HOLSONBACK DR
City-St-Zip: DAYTONA BEACH, FL

Title: VPD () Delete
Name: VICK, SHANNON
Address: 1330 S. WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

Title: TD () Delete
Name: VITA, DONNA
Address: 1845 HOLSONBACK DR
City-St-Zip: DAYTONA BEACH, FL 32117

Title: SD () Delete
Name: BISHOP, JENNIE
Address: 1845 HOLSONBACK DR
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: VITA, DONNA M
Address: 1845 HOLSONBACK DR.
City-St-Zip: DAYTONA BEACH, FL 32117

Title: PD (X) Change () Addition
Name: HANCOCK, GINGER
Address: 2752 B ENTERPRISE RD
City-St-Zip: ORANGE CITY, FL 32763

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 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: DONNA VITA

TD

03/10/2006

Electronic Signature of Signing Officer or Director

Date