

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12108

FILED
Apr 27, 2007
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 M VITA

TD

04/27/2007

Electronic Signature of Signing Officer or Director

Date