

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 # **N17610 (9)**

1. Corporation Name

LIVING GIFTS FOUNDATION OF THE COUNCIL ON AGING OF VOLUSIA COUNTY, INC.



Principal Place of Business C/O GAIL CAMPUTARO 160 N BEACH ST DAYTONA BEACH FL 32114 US	Mailing Address C/O GAIL CAMPUTARO PO BOX 671 DAYTONA BEACH FL 32115-0671 US
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3. Date Incorporated or Qualified 10/31/1986	3a. Date of Last Report 04/04/1995
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	23. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	24. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2785991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMPUTARO, GAIL F. 160 N BEACH ST DAYTONA BEACH FL 32114				10. Name and Address of New Registered Agent			
81. Name				81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				83. City			
84. City				84. City			
85. Zip Code				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 _____ (NOTE: Registered Agent signature required when translating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RODDY, EDMUND			12 NAME	Pollock, Edward		
STREET ADDRESS	1889 S CLYDE MORRIS BLVD.			13 STREET ADDRESS	9 Choctaw Trail		
CITY-ST-ZIP	DAYTONA BCH FL			14 CITY-ST-ZIP	Ormond Beach, FL 32174		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		21 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHELLEY, JOHN			22 NAME	Fitzer, Gary A.		
STREET ADDRESS	313 S PALMETTO AVE			23 STREET ADDRESS	200 S. Ridgewood Avenue		
CITY-ST-ZIP	DAYTONA BEACH FL			24 CITY-ST-ZIP	Daytona Beach, FL 32114		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HALLER, WILLIAM DR.			32 NAME	Ziner, Anthony		
STREET ADDRESS	37 PALMETTO DRIVE			33 STREET ADDRESS	154 Sea Hawk Drive		
CITY-ST-ZIP	ORMOND BEACH FL			34 CITY-ST-ZIP	Daytona Beach, FL 32119		
TITLE		<input type="checkbox"/> DELETE		41 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				42 NAME	Eubank, Marjorie		
STREET ADDRESS				43 STREET ADDRESS	42 S. Peninsula Drive		
CITY-ST-ZIP				44 CITY-ST-ZIP	Daytona Beach, FL 32118		
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				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: **Gary A. Fitzer, Vice President** 1/24/96 (904) 255-1971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)