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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
C/O GAIL CAMPUTARO 160 N BEACH ST DAYTONA BEACH FL 32114 US  
C/O GAIL CAMPUTARO PO BOX 671 DAYTONA BEACH FL 32115-0671 US

3. Date Incorporated or Qualified 10/31/1986  
3a. Date of Last Report 01/29/1996

2. Principal Place of Business 21  
2a. Mailing Address 26  
Suite, Apt. #, etc. 22  
City & State 27  
Zip 24 Country 25  
Zip 29 Country 30

4. FEI Number 59-2785991 Applied For Not Applicable  
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] 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  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 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 POLLOCK, EDWARD  
STREET ADDRESS 9 CHOCTAW TRAIL  
CITY-ST-ZIP ORMOND BEACH FL  
TITLE VD [ ] DELETE  
NAME FITZER, GARY A  
STREET ADDRESS 200 S RIDGEWOOD AVE  
CITY-ST-ZIP DAYTONA BEACH FL  
TITLE SD [ ] DELETE  
NAME ZINER, ANTHONY  
STREET ADDRESS 154 SEA HAWK DR  
CITY-ST-ZIP DAYTONA BEACH FL  
TITLE TD [ ] DELETE  
NAME EUBANK, MARJORIE  
STREET ADDRESS 42 S PENINSULA DR  
CITY-ST-ZIP DAYTONA BEACH FL  
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 [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [X] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS 22 Lake Vista Way  
2.4 CITY-ST-ZIP Ormond Beach, FL  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [X] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS 220 S. Ridgewood Avenue  
4.4 CITY-ST-ZIP Daytona Beach, FL  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Edward Pollock [Signature] 2/7/97 (904) 676-1051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0002075

CR2E037 (9/96)