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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N17610

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/31/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2785991	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAMPUTARO, GAIL F. 160 N BEACH ST DAYTONA BEACH FL 32114				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLLOCK, EDWARD			1.2 NAME			
STREET ADDRESS	9 CHOCTAW TRAIL			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32174			1.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STACK, MELVIN			2.2 NAME			
STREET ADDRESS	444 SEABREEZE BLVD, SUITE 400			2.3 STREET ADDRESS	DAYTONA BEACH FL 32118		
CITY-ST-ZIP	BOYNTON BEACH FL 32118			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZINER, ANTHONY			3.2 NAME			
STREET ADDRESS	154 SEA HAWK DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32119			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EUBANK, MARJORIE			4.2 NAME			
STREET ADDRESS	220 S RIDGEWOOD AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32114			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: MELVIN STACK, CHAIRMAN **REQUIRED** 2/19/99 (904) 255-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)