

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 # **N19934** (1)
1. Corporation Name
VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE, INC.



Principal Place of Business
**% MARCIA DELANEY
7 TIDEWATER DR
ORMOND BCH FL 32174
US**

Mailing Address
**% MARCIA DELANEY
7 TIDEWATER DR
ORMOND BCH FL 32174
US**

3. Date Incorporated or Qualified **04/02/1987**
3a. Date of Last Report **04/06/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number **59-2837127**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 ☒ No

9. Name and Address of Current Registered Agent
**DELANEY, MARCIA
7 TIDEWATER DR
ORMOND BCH FL 32174**

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	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, BEEBE	
STREET ADDRESS	344 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LANDAU, KATHY	
STREET ADDRESS	6 OAK KNOLL WAY	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PARR, DAWN	
STREET ADDRESS	890 JOHN ANDERSON DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Delaney, Marcia	
1.3 STREET ADDRESS	7 Tidewater Dr.	
1.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pirkowski, Samantha	
2.3 STREET ADDRESS	635 Forest Lane	
2.4 CITY-ST-ZIP	Deland, FL 32724	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McDonough, Susan	
3.3 STREET ADDRESS	2148 Villa Way	
3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DePeyster, Donna	
4.3 STREET ADDRESS	1014 N. Clara Ave.	
4.4 CITY-ST-ZIP	Deland, FL 32720	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200001777482	
5.3 STREET ADDRESS	-04/11/96--01112--011	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Marcia L. Delaney **MARCIA L. DELANEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/1/96 **4/1/96**
Phone # 904/673-0181 **904/673-0181**

CR2E037 (12/95)