


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90329 050 \*\*\*\*61.25

<b>DOCUMENT # N24555</b>					
1. Entity Name <b>VOLUSIA-FLAGLER ENVIRONMENTAL ACTION COMMITTEE, INC.</b>					
Principal Place of Business <b>140 S. BEACH ST. #205 DAYTONA BEACH FL 32114</b>			Mailing Address <b>P.O. BOX 590 DAYTONA BEACH FL 32115</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>NO-T APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HUGHES, REID B. 140 S. BEACH ST. #205 P.O. BOX 590 DAYTONA BEACH FL 32114</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE: <i>[Signature]</i> <b>5-26-04</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHES, REID		NAME		
STREET ADDRESS	140 S. BEACH ST. #205		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWTON, BRYNN		NAME		
STREET ADDRESS	112 ORANGE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAMLER, BARBARA R.		NAME		
STREET ADDRESS	2033 PENNCREST COURT		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAVILAND, ROBERT P.		NAME		
STREET ADDRESS	1035 GREEN ACRES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSS, ALEXA A		NAME		
STREET ADDRESS	2500 S. ATLANTIC AVE.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Alexa A. Ross</i> <b>Alexa A. Ross</b> <b>25 May 2004</b> <b>386-761-7002</b> Signature and typed or printed name of signing officer or director Date Daytime Phone #					

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MOORE CR2E037 (11/03)