

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90089 014 ****61.25

DOCUMENT # N24555

1. Entity Name

**VOLUSIA-FLAGLER ENVIRONMENTAL ACTION
COMMITTEE, INC.**



Principal Place of Business

140 S. BEACH ST. #205
DAYTONA BEACH FL 32114

Mailing Address

P.O. BOX 590
DAYTONA BEACH FL 32115

2. Principal Place of Business

2500 S. Atlantic Ave. #1

Suite, Apt. #, etc.

#1

3. Mailing Address

2500 S. Atlantic Ave.

Suite, Apt. #, etc.

#1



1st MOORE

CR2E037 (10/04)

City & State

Daytona Beach Shores

City & State

Daytona Beach Shores

4. FEI Number

NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, REID B.
140 S. BEACH ST. #205
P.O. BOX 590
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name Alexa Ross

Street Address (P.O. Box Number is Not Acceptable)

2500 S. Atlantic Avenue #1

Daytona Beach Shores,

City

FL

Zip Code

32118

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

Alexa A. Ross

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUGHES, REID	
STREET ADDRESS	140 S. BEACH ST. #205	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEWTON, BRYNN	
STREET ADDRESS	112 ORANGE AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAMLER, BARBARA R.	
STREET ADDRESS	2033 PENNCREST COURT	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAVILAND, ROBERT P.	
STREET ADDRESS	1035 GREEN ACRES CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	ROSS, ALEXA A	
STREET ADDRESS	2500 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Alexa A. Ross

Alexa A. Ross

4/26/06

386-295-1615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #