

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25822

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** WEST VOLUSIA HABITAT FOR HUMANITY, INC.

**Current Principal Place of Business:**

604 S. SPRING GARDEN AVE.  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

604 S. SPRING GARDEN AVE.  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 59-2894153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAUVEL, HOWARD L  
233 EAST RICH AVE  
DELAND, FL 32724 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BAUGH, BOBBI  
**Address:** 812 W. RICH AVE  
**City-St-Zip:** DELAND, FL 32720

**Title:** VD  
**Name:** MALLORY, EARL  
**Address:** 305 BLUE CRYSTAL DRIVE  
**City-St-Zip:** DELAND, FL 32720

**Title:** TD  
**Name:** TITUS, HANNAH  
**Address:** 1930 HILLCREST OAK DRIVE  
**City-St-Zip:** DELAND, FL 32720

**Title:** SD  
**Name:** MELINDA, SCOTT  
**Address:** 339 N. STONE ST  
**City-St-Zip:** DELAND, FL 32720

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PETER L. DEVOS

ED

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date