FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26453 (3)

1. Corporation Name
THE WEST VOLUSIA COIN CLUB, INC.

Principal Place of Business	Mailing Address
~~2691 PALM TERRACE~~ ~~DELAND FL 32720-8927~~ 2280 OLD SAMSULA RD DAYTONA BEACH FL 32124	~~2691 PALM TERRACE~~ ~~DELAND FL 32720-8927~~ 2280 OLD SAMSULA RD DAYTONA BEACH FL 32124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1988
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2958913 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~NERGE, HERBERT N.~~
~~2691 PALM TERRACE~~
~~DELAND FL 32720~~

10. Name and Address of New Registered Agent

81 Name: PETE R. OVEREEM
82 Street Address (P.O. Box Number is Not Acceptable): 2280 OLD SAMSULA RD
83
84 City: DAYTONA BEACH FL 85 Zip Code: 32124

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: P.R. Overeem — PETE R. OVEREEM — MARCH 3 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~STIMAX, ROBERT~~ ~~1490 WEST PARKWAY~~ ~~DELAND FL~~ WENGER, DONALD 325 ARTHUR ST DELEON SPRINGS, FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD WENGER, DONALD 325 ARTHUR ST DELEON SPRINGS FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~WENGER, DONALD B.~~ ~~325 ARTHUR ST.~~ ~~DELEON SPRINGS FL~~ GEORGE H. PHILLIPS 506 OAKWOOD AV NEW SMYRNA BEACH 32169	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D GEORGE H. PHILLIPS 506 OAKWOOD AV NEW SMYRNA BEACH FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ~~NERGE, HERBERT N.~~ ~~2691 PALM TERRACE~~ ~~DELAND FL~~ PETE R. OVEREEM 2280 OLD SAMSULA RD DAYTONA BEACH FL 32124	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DT PETE R. OVEREEM 2280 OLD SAMSULA RD DAYTONA BEACH FL 32124	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WETZEL, JEAN 1 IVY COURT ORANGE CITY FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BOHR, JEFFREY, L 4529 NETTLE COURT DELAND FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: P.R. Overeem — March 3 1995 — PH 255-5593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PETE R. OVEREEM

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