FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(3)

THE WEST VOLUSIA COIN CLUB, INC.

•										
Principal Place of Business Mailing Address							1 (00)((01) 210 (0)(0 0)(0) 0)(0)	8 1114 918 41 813	## ###################################	1 8 1811 9 1811 1881
DAYTONA BE	amsula road Each Fl 32124	DAYTON	2200 OLD SAMSULA ROAD DAYTONA BEACH FL 32124							
US		US					3. Date Incorporated or Qualified 05/16/1988		te of Last I 04/25/1	1995
2. Principal Pla	ace of Business	2a. Mailing 26	Adoress				4. FEI Number 59-2958913		h	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, A	Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & S	State				Election Campaign Financing Trust Fund Contribution		•	O May Be d to Fees
Zip 24	Country Zip 25 29			Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Curren	nt Registered A	gent				10. Name and Address of New Re	gistered .	Agent	
					81	Name				
OVEREEM, PETER R. 2280 OLD SAMSULA ROAD					82	Street Ad	dress (P.O. Box Number is Not Acceptable	e)		
	NA BEACH FL 32124									
5					84	City		FL	85 Zig	p Code
44 Digragant t	to the provisions of Postions 617 0500	2 and 617 1508	Florida Statut	les the ah	0)/0-	amed com	oration submits this statement for the purp	ose of cha	naina its r	egistered office
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change	e was authoriz	zea by the	corp	oration's bo	ard of directors. I hereby accept the appo	intment as	registered	l agent. I am
SIGNATURE _		a d atla if anni nello		OTE: Projetore	d Agen	Leignal and a control	red when reinstating)	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS					13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD		DELETE	1.1.1	TITLE				Change	Addition
NAME	WENGER, DONALD			1.21	NAME					
STREET ADDRESS	325 ARTHUR STREET			1.3 3	STREET	ADDRESS				
CITY-ST-ZIP	DELEON SPRINGS FL		1.4 CITY-ST			T- ZIP			Channa.	Addition
TITLE	D	ļ	☐ DELETE		2.1 TITLE				☐ Change	☐ AUGILION
NAME	PHILLIPS, GEORGE H.				2.2 NAME					
STREET ADDRESS	506 OAKWOOD AVENUE				2.3 STREET ADDRESS 2. 4 City-St-Zip					
DITY-ST-ZIP TITLE	NEW SMYRNA BEACH FL DT					51 - 21P			☐ Change	Addition
NAME	OVEREEM, PETER R.	,	☐DELETE 3.1 T						_	_
STREET ADDRESS	2280 OLD SAMSULA ROAD			3.3	STREET	ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL				CITY-	ST-ZIP				
TITLE	SD	SD DELETE			TITLE				☐ Change	Addition
NAME	WETZEL, JEAN		4.		4. 2 NAME					
STREET ADDRESS	1 IVY COURT					ADDRESS				
CITY-ST-ZIP	ORANGE CITY FL				4.4 CITY - ST - ZIP			_,	<u> </u>	- Addition
TITLE	DS	DELETE			5.1 TITLE				☐ Change	☐ Addition
NAME	BOHR, JEFFREY, L				NAME					
STREET ADDRESS	4529 NETTLE COURT					ADDRESS				
CITY-ST-ZIP	DELAND FL		DELETE		CITY-S TITLE	si - ZIP			Change	Addition
TITLE					NAME					
NAME CIDEET ADDDESS						F ADDRESS				
STREET ADDRESS					CITY -					
CITY-ST-ZIP	and if , that the information purplied	Luith this filing is	reduntarily fre				y for the exemption stated in Section 119	07(3)(k). Ek	orida Statu	rtes. I further

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 extores.

SIGNATURE: PETER R. OVERLEM

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