

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N26453

1. Corporation Name

THE WEST VOLUSIA COIN CLUB, INC.

Principal Place of Business

2631 PALM TERRACE  
DELAND FL 32720  
US

Mailing Address

2631 PALM TERRACE  
DELAND FL 32720  
US

2. Principal Place of Business

21 228 N STARK AVE

Suite, Apt. #, etc.

22

City & State

23 ORANGE CITY FL

Zip

24 32763

Country

25

2a. Mailing Address

26 228 N. STARK AVE

Suite, Apt. #, etc.

27

City & State

28 ORANGE CITY FL

Zip

29 32763

Country

30

3. Date incorporated or qualified

05/16/1988

4. FEI Number

59-2958913

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

NERGE, HERBERT N.  
2621 PALM TERRACE  
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name PELOQUIN THOMAS C  
82 Street Address (P.O. Box Number is Not Acceptable)  
228 N STARK AVE  
83 ORANGE CITY FL  
84 City  
85 Zip Code FL 32763

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Thomas C. Pelquin*  
Signature, typed or printed name of registered agent and secretary, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-26-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WAYTT, C.L.  
STREET ADDRESS 633 INT'L DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE DT ☒ DELETE

NAME NERGE, HERBERT N.  
STREET ADDRESS 2631 PALM TERRACE  
CITY-ST-ZIP DELAND FL 32720

TITLE SD ☒ DELETE

NAME PAIGE, LEONA  
STREET ADDRESS 1408 ALABAMA  
CITY-ST-ZIP DELAND FL

TITLE DS ☐ DELETE

NAME BOHR, JEFFREY, L  
STREET ADDRESS 4529 NETTLE COURT  
CITY-ST-ZIP DELAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME OT PELOQUIN THOMAS C  
2.3 STREET ADDRESS 228 N. STARK AVE  
2.4 CITY-ST-ZIP ORANGE CITY FL. 32763

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

300003023153--1  
-10/25/99--01008--001  
\*\*\*236.25 \*\*\*236.25

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other the empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT -6 AM 9:31



REINSTATEMENT 99

0000073

CR2E037 (5/99)