

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90259 012 ****61.25

DOCUMENT # N38525

1. Entity Name
VOLUSIA SURF LIFESAVING ASSOCIATION, INC.



Principal Place of Business
**1628 THIRD AVE. NO.
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**P.O. BOX 50954
JACKSONVILLE BEACH, FL 32240-0954**

20001289



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3015480

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUTTO, MICKEY
1628 THIRD AVE NO.
JACKSONVILLE BEACH, FL 32250**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHULZINSKY, KATHY PO BOX 263195 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWEAT, KEVIN PO BOX 263195 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENE, MINDY PO BOX 263195 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORSTER, ROBERT PO BOX 263195 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RR MCGIBNEY, TOM PO BOX 263195 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPA JOHNSON, ELIZABETH A PO BOX 263195 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Same	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Elizabeth A Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06 386-239-6484
Date Daytime Phone #