


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90049 005 ****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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3015480	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUTTO, MICKEY 1628 THIRD AVE NO. JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHULZINSKY, KATHY <input type="checkbox"/> Delete PO BOX 263195 DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWEAT, KEVIN <input type="checkbox"/> Delete PO BOX 263195 DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENE, MINDY <input type="checkbox"/> Delete PO BOX 263195 DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORSTER, ROBERT <input type="checkbox"/> Delete PO BOX 263195 DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RR MCGIBNEY, TOM <input type="checkbox"/> Delete PO BOX 263195 DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPA JOHNSON, ELIZABETH A <input type="checkbox"/> Delete PO BOX 263195 DAYTONA BEACH, FL 32118				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS CITY-ST-ZIP					
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: <u>Elizabeth A Johnson</u> 1/10/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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