

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N39106</b> 1. Entity Name CITIZEN OBSERVER PROGRAM OF VOLUSIA COUNTY, INC.					
Principal Place of Business 123 W INDIANA AVE DELAND, FL 32720-4613 US			Mailing Address 123 W INDIANA AVE DELAND, FL 32720-4613 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3024439	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACCONNELL, JOHN C 123 W INDIANA AVE DELAND, FL 32720-4613				7. Name and Address of New Registered Agent 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 <i>John C. MacConnell</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				500080775425 10/12/06--01043--001 ***70.00 10-9-06	
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEITZ, STEVEN 1471 EDEN DR DELTONA, FL 32725	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Adams 135 S. Pine Street DeLand, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERO, GENEVIEVE 480 N ST PO BOX 464 DE LEON SPRINGS, FL 32130	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warren Graham 308 Song Bird Road DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JEREMIAH 1645 BRADY DRIVE DELTONA, FL 32725	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sheila Horne 17103 Lyme Stone Court New Smyrna Beach, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTES, JOHN 1215 SKY LANE DELAND, FL 32720	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beverly Kitchen 1935 Woodcrest Drive Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDEMAN, KENNETH 119 SHER LANE DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Grace Redfield 166 N. Leisure World Drive DeBary, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD JANSEN, LEONARD B 2557 SHIPROCK CT. DELTONA, FL 32738	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Frances Jansen 2557 Shiprock Ct. Deltona, FL 32738
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: <i>Leonard B. Jansen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-6-06 386574-0187 <small>Date Daytime Phone #</small>	

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