	NPROFIT	FLORIDA DEPAR	TMENT OF STATE	Feb 03 1	997 8:00ar
	Poration Alternation		. Mortham ry of State		
	1997	7.7	CORPORATIONS		ary of State
	MENT # N46265	5 (7)			
THE W	EST VOLUSIA HOLOCAUST	MEMORIAL COUNCIL	., INC	, teactur an aran and take and	ANT AND DIRI GALANDI UNIN AND
icipal Place	of Business	Mailing Address	······		
D N BOUNDARY AVE UNIT #110-A LAND FL 32720		600 N BOUNDARY AVE UNIT #110-A DELAND FL 32720-3123 US			
		05		3. Date Incorporated or Qualified 12/03/1991	3a. Date of Last Report 06/14/1996
Principal Pk	ace of Business	2a. Mailing Address 26		4. FEI Number NOT APPLICABLE	Applied For Not Applicab
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country	8. This corporation has liability for	
	9. Name and Address of Current		81 Name	10. Name and Address of New Re	
NOTIVAN 695 E VE DELAND	ID, PAT STUCKY IL 32724 to the provisions of Sections 617,0502	and 617.1508, Florida Statut	83 <u>DEL</u> 84 City	dress (P.O. Box Number is Not Acceptat N.BOUNDARY AVE.,#1 AND,FL 32720 reporation submits this statement for the p	10-A FL 85 Zip Code
NATURE	to the provisions of Sections 617.0502 egistered agent, or both of the State of m familiar with, for agend the obligat	/ The	82 Street Add 600 83 DEL 84 City les, the above-named cor authorized by the corpora orida Statutes.	N.BOUNDARY AVE.,#1 AND,FL 32720 reporation submits this statement for the p ation's board of directors. I hereby accept B.AXTELL JANUAR	10-A FL 85 Zip Code purpose of changing its registered pt the appointment as registered Y 24,1997
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	to the provisions of Sections 617,0502 egistered agent, or both of the State of m familiar with, or a scale the oproget Storage the oproget of the oproget OVFICERS AND D		82 Street Add 600 1 83 DEL/ 84 City les, the above-named cor authorized by the corpora orida Statutes. E Registered Agent signature requ 13. 1.1 IIILE	N.BOUNDARY AVE., #1 AND, FL 32720 reporation submits this statement for the pation's board of directors. I hereby accept B.AXTELL JANUAR ured when reinstailing)	10-A FL 85 Zip Code purpose of changing its registere pt the appointment as registered Y 24,1997 DATE
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