

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46265** (7)  
1. Corporation Name  
**THE WEST VOLUSIA HOLOCAUST MEMORIAL COUNCIL, INC**



Principal Place of Business <b>600 N BOUNDARY AVE UNIT #110-A DELAND FL 32720 US</b>	Mailing Address <b>600 N BOUNDARY AVE UNIT #110-A DELAND FL 32720-3123 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/03/1991</b>	3a. Date of Last Report <b>06/14/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<del>NORMAND, PAT 699 E KENTUCKY DELAND FL 32724</del>				81	Name <b>W.B. AXTELL</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>600 N. BOUNDARY AVE., #110-A</b>		
				83	City <b>DELAND, FL 32720</b>		
				84	City	85	Zip Code <b>FL</b>

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: *[Signature]* **W.B. AXTELL** JANUARY 24, 1997  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JOINER, E. EARL</b>			1.2 NAME			
STREET ADDRESS	<b>735 N SANS SOUCI BLVD</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>DELAND FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>AXTELL, W B</b>			2.2 NAME			
STREET ADDRESS	<b>600 N BOUNDARY AVE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>DELAND FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ROSENBERG, MURRAY</b>			3.2 NAME			
STREET ADDRESS	<b>37031 CASSIA CHURCH RD</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>EUSTIS FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SHAPIRO, BLANCHE</b>			4.2 NAME			
STREET ADDRESS	<b>718 W NEW YORK AVE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>DELAND FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CHOOS, REGENE</b>			5.2 NAME			
STREET ADDRESS	<b>835 W NEW YORK AVE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORANGE CITY FL</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>NORMAND, PAT</del>			6.2 NAME			
STREET ADDRESS	<del>699 E KENTUCKY</del>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<del>DELAND FL</del>			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *[Signature]* **W.B. AXTELL** - 1/9/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)