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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N46265 (7)  
1. Corporation Name  
THE WEST VOLUSIA HOLOCAUST MEMORIAL COUNCIL, INC



Principal Place of Business Mailing Address  
600 N BOUNDARY AVE UNIT #110-A  
DELAND FL 32720  
US

3. Date Incorporated or Qualified  
12/03/1991

4. FEI Number  
NOT APPLICABLE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AXTELL, W. B.  
600 NORTH BOUNDARY AVENUE #110-A  
DELAND FL 32720

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME JOINER, E. EARL  
STREET ADDRESS 735 N SANS SOUCI BLVD  
CITY-ST-ZIP DELAND FL

TITLE T  
NAME AXTELL, W B  
STREET ADDRESS 600 N BOUNDARY AVE  
CITY-ST-ZIP DELAND FL

TITLE D  
NAME ROSENBERG, MURRAY  
STREET ADDRESS 37031 CASSIA CHURCH RD  
CITY-ST-ZIP EUSTIS FL

TITLE D  
NAME SHAPIRO, BLANCHE  
STREET ADDRESS 718 W NEW YORK AVE  
CITY-ST-ZIP DELAND FL

TITLE D  
NAME CHOOS, REGENE  
STREET ADDRESS 835 W NEW YORK AVE  
CITY-ST-ZIP ORANGE CITY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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: W.B. AXTELL 1/15/98 (904) 738-7861

CR2E037 (10/97)