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Mar 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N46265

1. Corporation Name

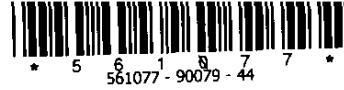
THE WEST VOLUSIA HOLOCAUST MEMORIAL COUNCIL, INC.

me Dr. Earl Joiner Holocaust Memorial Council, Inc.

Principal Place of Business

~~600 N BOUNDARY AVE UNIT 110A
 DELAND FL 32720~~

Mailing Address

~~600 N BOUNDARY AVE UNIT 110A
 DELAND FL 32720~~


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.	12/03/1991
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Deland, FL	NOT APPLICABLE
24 Country	29 32720-4045	Applied For
	30 Volusia	Not Applicable
		5. Certificate of Status Desired
		☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing
		☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name DIANE WEILHEIMER

82 Street Address (P.O. Box Number is Not Acceptable) 1177 SHADY OAK LANE

83 DELAND FL

84 City DELAND FL 85 Zip Code 32720

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

Diane Weilheimer

(NOTE: Registered Agent signature required when substituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change Addition
NAME	CHASE, MARJORIE	1.2 NAME	Diane Weilheimer
STREET ADDRESS	932 MARCY DR	1.3 STREET ADDRESS	1177 Shady Oak Lane
CITY-ST-ZIP	DELAND FL 32724	1.4 CITY-ST-ZIP	Deland, FL 32720
TITLE	T	2.1 TITLE	Change Addition
NAME	AXTELL, W B	2.2 NAME	Edith Merriman
STREET ADDRESS	600 N BOUNDARY AVE	2.3 STREET ADDRESS	1124 N OLD MILL DR
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	DELTONA 32725
TITLE	D Board of Directors	3.1 TITLE	Change Addition
NAME	ROSENBERG, MURRAY	3.2 NAME	Dr. ROBERT M. Mulkey
STREET ADDRESS	37031 CASSIA CHURCH RD	3.3 STREET ADDRESS	1030 W TARCHWOOD DR
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	DELAND, FL 32724
TITLE	SHAPIRO, BLANCHE	4.1 TITLE	Change Addition
NAME	SHAPIRO, BLANCHE	4.2 NAME	BLANCHE SHAPIRO
STREET ADDRESS	718 W NEW YORK AVE	4.3 STREET ADDRESS	Box 123
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	DELAND, FL 32721
TITLE	D	5.1 TITLE	Change Addition
NAME	CHOOS, REGENE	5.2 NAME	REGENE M. CHOOS
STREET ADDRESS	835 W NEW YORK AVE	5.3 STREET ADDRESS	835 W. New York
CITY-ST-ZIP	ORANGE CITY FL	5.4 CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D Board of Directors	6.1 TITLE	Change Addition
NAME	TROWBRIDGE, JOHN H	6.2 NAME	
STREET ADDRESS	150 N STARK AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Diane Weilheimer

3/8/99 904-736-8751

CR2037 (11/98)