

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

05-16-2005 90200 027 ****61.25

DOCUMENT # N48400 1. Entity Name HISTORIC DELAND, INC.					
Principal Place of Business 4360 PETERS ROAD FORT LAUDERDALE, FL 33317 US				Mailing Address 4360 PETERS ROAD FORT LAUDERDALE, FL 33317 US	
2. Principal Place of Business 332 West New York Avenue Suite, Apt. #, etc.		3. Mailing Address 230 North Stone Street Suite, Apt. #, etc.			
City & State Deland Florida		City & State Deland		4. FEI Number 59-3129776	
Zip 32720		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARRICK, PETER 4360 PETERS ROAD FORT LAUDERDALE, FL 33317				7. Name and Address of New Registered Agent Name Bayle J. Tchividjian Street Address (P.O. Box Number is Not Acceptable) 145 East Rich Street City Deland FL Zip Code 32724	
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 _____ Signature (typed or printed name of registered agent and title if applicable)				DATE 1-19-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, JANE D 539 CADAGUA CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Scott Price 102 1/2 West Rich Avenue Deland, FL 32720	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARRICK, PETER 4360 PETERS ROAD FORT LAUDERDALE, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Debbie Dunn 510 West Minnesota Avenue Deland FL 32720	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLLUM, JANET 112 S. WOODLAND BLVD. DELAND, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sean Ryan, Director 302 West New York Avenue Deland, FL 32780	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bayle J. Tchividjian P.O. Box 48 Deland, FL 32721	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Russell Helton 929 North Spring Garden Deland, FL 32720	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eric Miller 126 N. Woodland Boulevard Deland, FL 32724	☐ Change ☒ Addition	
12. 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 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: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 5/11/05 Officer's Phone # 386 848-3979	