

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N48400**

1. Entity Name

HISTORIC DELAND, INC.



Principal Place of Business  
332 WEST NEW YORK AVE  
DELAND FL 32720  
US

Mailing Address  
230 N. STONE ST.  
DELAND FL 32720



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number  
59-3129776

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TCHIVIDJIAN, ROSYLE J  
145 EAST RICH STREET  
DELAND FL 32724

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the if applicable

(NOTE: Registered Agent signature required when revisiting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

8. 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 D  
STREET ADDRESS REYNOLDS, JANE D  
CITY- ST- ZIP 539 CADAGUA  
CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
1100000436364  
02/27/06 80034-008 61.25

TITLE  
NAME P  
STREET ADDRESS PRICE, SCOTT  
CITY- ST- ZIP 102 1/2 WEST RICH AVE  
DELAND FL 32720

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME T  
STREET ADDRESS BOLLUM, JANET  
CITY- ST- ZIP 112 S. WOODLAND BLVD.  
DELAND FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME VP  
STREET ADDRESS DUNN, DEBBIE  
CITY- ST- ZIP 510 WEST MINNESOTA AVENUE  
DELAND FL 32720

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME D  
STREET ADDRESS RYAN, SEAN  
CITY- ST- ZIP 302 WEST NEW YORK AVENUE  
DELAND FL 32720

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME D  
STREET ADDRESS TCHIVIDJIAN, BASYLE J  
CITY- ST- ZIP P.O. BOX 48  
DELAND FL 32721

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: