


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90040 048 \*\*\*\*61.25

|   |  |   |   |
|---|--|---|---|
| DOCUMENT # N51313   |  |    |   |
| 1. Entity Name<br>VOLUSIA COUNTY INTERGROUP SERVICES, INC.  |  |   |   |
| Principal Place of Business<br>345 BEVILLE RD.<br>SUITE 102<br>SOUTH DAYTONA, FL 32119 US   |  | Mailing Address<br>345 BEVILLE RD.<br>SUITE 102<br>SOUTH DAYTONA, FL 32119 US   |   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent   |   |
| KELLER, JOHN W<br>1635 S. RIDGEWOOD AVE<br>RM 213<br>DAYTONA BEACH, FL 32119  |  | Name <u>Lawrence L. Cross</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1635 So. Ridgewood Ave.</u><br><u>Suite 213</u><br>City <u>South Daytona</u> FL Zip Code <u>32119</u> |   |
| 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: <u>Lawrence L. Cross</u>   |  | DATE: <u>7-14-05</u>  |   |
| Filing Fee is \$61.25 Due by September 7, 2005  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>PARKS, KENNY CHAIR<br>123 PAPAYA DR<br>ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SHAKE, WILLIAM J CHAIR<br>315 CEDAR ST.<br>DAYTONA BEACH, FL 32114 <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>HALL, LANCE TREAS<br>2121 SOUTH PALMETTO AVENUE<br>SOUTH DAYTONA, FL 32119 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>DRUMM, JOHN TREAS<br>1738 CAROLINA AVE<br>ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>RICH, SHARON<br>2834 REGENT CRESENT<br>SOUTH DAYTONA, FL 32119 <input checked="" type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>ST. ONGE, JUDITH SECY<br>1000 WALKER ST. #243<br>HOLLY HILL, FL 32117 <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>GODWIN, BOB TRUSTEE<br>263 EUCLID<br>DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>PARKS, KENNY TRUSTEE<br>123 PAPAYA DR<br>ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>BANKOWSKI, DICK TRUSTEE<br>4 OCEANS WEST BLVD. #604A<br>DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | OA<br>MUSETTE, KATHRYN P ADMIN<br>P O BOX 291634<br>PORT ORANGE, FL 32129 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | OA<br>GOLDSTON, MEGAN ADMIN<br>1 OCEANS WEST BLVD #6-B1<br>DAYTONA Bch SHORES, FL 32118 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u>William J. Shake</u>  |  | DATE: <u>7-14-05</u> (386) 756-0978   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | DATE DAYTIME PHONE #  |   |