

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51313

FILED
Jan 10, 2007
Secretary of State

Entity Name: VOLUSIA COUNTY INTERGROUP SERVICES, INC.

Current Principal Place of Business:

345 BEVILLE RD.
SUITE 102
SOUTH DAYTONA, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

345 BEVILLE RD.
SUITE 102
SOUTH DAYTONA, FL 32119 US

New Mailing Address:

FEI Number: 59-3167846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSS, LAWRENCE L
1635 SE RIDGE WOOD AVE
SUITE 213
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAKE, WILLIAM J
Address: 1 OCEANS WEST BLVD #6-81
City-St-Zip: DAYTONA BEACH, FL 32118 VO

Title: TD () Delete
Name: DRUMM, JOHN
Address: 1738 CAROLINA AVE
City-St-Zip: ORMOND BEACH, FL 32174 VO

Title: SD () Delete
Name: RUBIN, JUDITH
Address: 230 STRAWBERRY LA
City-St-Zip: HOLLY HILL, FL 32117 VO

Title: TD () Delete
Name: PARKS, KENNY
Address: 123 PAPAYA DR
City-St-Zip: ORMOND BEACH, FL 32174 VO

Title: TD () Delete
Name: MCPADDEN, ED
Address: 830 AIRPORT RD
City-St-Zip: PORT ORANGE, FL 32128 VO

Title: OA (X) Delete
Name: LEWIS, DIANE
Address: 1228 LA FLOSITA DR
City-St-Zip: PORT ORANGE, FL 32129 VO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: CONNOLLY, DAVE
Address: 520 CROOKED STICK DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114 VO

Title: PD (X) Change () Addition
Name: DRUMM, JOHN
Address: 1738 CAROLINA AVE
City-St-Zip: ORMOND BEACH, FL 32174 VO

Title: SD (X) Change () Addition
Name: HILL, ANN
Address: 466 OXFORD DRIVE
City-St-Zip: PORT ORANGE, FL 32127 VO

Title: TD (X) Change () Addition
Name: CHOUINARD, ARLENE
Address: 123 PAPAYA DR
City-St-Zip: ORMOND BEACH, FL 32174 VO

Title: TD (X) Change () Addition
Name: MUSETTE, KAY
Address: P.O. BOX 291634
City-St-Zip: PORT ORANGE, FL 32129 VO

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DRUMM

PD

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date