

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N51313

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 (X)

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: TD () Delete
Name: O'BRIEN, MARY
Address: 10 ROBBEN TERR
City-St-Zip: DAYTONA BEACH, FL 32118 VO

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

Title: S () Delete
Name: STRICKLAND, KEN
Address: POB 966
City-St-Zip: DAYTONA BEACH, FL 32115 VO

Title: D () Delete
Name: LEWIS, DON
Address: 1228 LAFLOSITA DR
City-St-Zip: PORT ORANGE, FL 32129 VO

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

Title: D (X) Delete
Name: LYNOTT, JOE
Address: 40 MEADOW WOOD TRL
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: O'BRIEN, MARY
Address: 10 ROBBEN TERR
City-St-Zip: DAYTONA BEACH, FL 32118 VO

Title: PD (X) Change () Addition
Name: CONGER, STEVE
Address: P. O. BOX 431
City-St-Zip: EDGEWATER, FL 32132 VO

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

Title: T (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:

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

I hereby certify that the information supplied with this filing does not qualify 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: LEANDRO BARREIRO

D

03/21/2009

Electronic Signature of Signing Officer or Director

_____ Date