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FILED

May 01 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004579 (9)**

1. Corporation Name

**COMMUNITY VOLUNTEER CONTACT CENTER, INC.**



Principal Place of Business

Mailing Address

**NORTH WOOD VILLAGE  
1200 NINTH ST  
DAYTONA BEACH FL 32117  
US**

**NORTH WOOD VILLAGE  
1200 NINTH ST  
DAYTONA BEACH FL 32117-3242  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**10/04/1993**

3a. Date of Last Report  
**04/26/1996**

4. FEI Number  
**59-3265770**

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**BROWN, ROBERT LEE  
351 LANE STREET  
DAYTONA BEACH FL 32114**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Robert Lee Brown*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	SWINTON, RUFUS	
STREET ADDRESS	611 HUDSON ST	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BROWN, ROBERT L	
STREET ADDRESS	351 LANE ST	
CITY - ST - ZIP	DAYTONA BCH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ROWLING, JOAN	
STREET ADDRESS	742 LOTUS LANE	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	GARRETT, BERTHA	
STREET ADDRESS	633 RUSSELL DR	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JONES, BETTY J	
STREET ADDRESS	637 JEAN STREET #7	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRAY, RILEY R	
STREET ADDRESS	221 GEORGE TOWNE BLVD.	
CITY - ST - ZIP	DAYTONA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>5349 N. Caroline St. 32114</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert Lee Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4. 19, 1997 904. 253-9578**  
Date Daytime Phone

CR2E037 (9/96)