

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90219 035 \*\*\*\*61.25

0000093

**DOCUMENT # N93000004579**

1. Corporation Name

**COMMUNITY VOLUNTEER CONTACT CENTER, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29**

**30**

3. Date Incorporated or Qualified

**10/04/1993**

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

9. Name and Address of Current Registered Agent

**JONES, OTHA  
140 S. CAROLINE STREET  
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

**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

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 ☐ DELETE

**PT  
NAME SWINTON, RUFUS  
STREET ADDRESS 611 HUDSON ST  
CITY-ST-ZIP DAYTONA BEACH FL 32114**

TITLE ☐ DELETE

**VT  
NAME JONES, OTHA  
STREET ADDRESS 140 S. CAROLINE ST.  
CITY-ST-ZIP DAYTONA BEACH FL 32114**

TITLE ☐ DELETE

**TT  
NAME GARRETT, BERTHA  
STREET ADDRESS 633 RUSSELL DR  
CITY-ST-ZIP DAYTONA BEACH FL 32114**

TITLE ☐ DELETE

**T  
NAME GRAY, RILEY R  
STREET ADDRESS 221 GEORGE TOWNE BLVD.  
CITY-ST-ZIP DAYTONA BCH FL 32114**

TITLE ☐ DELETE

**S  
NAME HORNE, LEOLA C  
STREET ADDRESS 743 MERCEDES AVE  
CITY-ST-ZIP DAYTONA BEACH FL 32114**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE RUFUS SWINTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/99 (904) 253-9578

Date

Daytime Phone #

CR2E037 (11/98)