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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005273 (6)**

1. Corporation Name

VOLUSIA COUNTY ROMANCE WRITERS, INC.

Principal Place of Business

**1636 HASTINGS DRIVE
DELTONA FL 32725**

Mailing Address

**1636 HASTINGS DRIVE
DELTONA FL 32725**



3. Date Incorporated or Qualified

11/07/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1461 Palm Ave

26 1461 Palm Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Winter Park, FL

28 Winter Park, FL

Zip

Country

Zip

Country

24 32789

25 Orange

29 32789

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUINTO, CAROL

**1636 HASTINGS DRIVE
DELTONA FL 32725**

81 Name Ruth Owen

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

1461 Palm Ave.

83

84 City Winter Park

FL

85 Zip Code

32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

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

(NOTE: Registered Agent signature required when reinstating)

1-10-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	QUINTO, CAROL	
STREET ADDRESS	1636 HASTINGS DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RENO, DAWN	
STREET ADDRESS	3280 SHINGLER TERRACE	
CITY-ST-ZIP	DELTONA FL 32728	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	OWEN, RUTH	
STREET ADDRESS	1461 PALM AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, MARSHA	
STREET ADDRESS	3146 NAUTILUS RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARPER, SHANNON	
STREET ADDRESS	2605 BURGOWNE RD	
CITY-ST-ZIP	DELAND FL 32720	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ruth Owen, Ruth	
1.3 STREET ADDRESS	1461 Palm Ave.	
1.4 CITY-ST-ZIP	Winter Park, FL 32789	

2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gloria Ferguson	
2.3 STREET ADDRESS	P.O. Box 346	
2.4 CITY-ST-ZIP	DeBary, FL 32713-0346	

3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jerry Lynn Smith	
3.3 STREET ADDRESS	1245 Pimlico Lane	
3.4 CITY-ST-ZIP	Deland, FL 32724	

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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Carol Quinto	
5.3 STREET ADDRESS	1636 Hastings Dr.	
5.4 CITY-ST-ZIP	Deltona, FL 32725	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Ruth Owen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-98

407-345-3666

CR2E037 (10/97)