

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

DOCUMENT # N95000005273

1. Entity Name

VOLUSIA COUNTY ROMANCE WRITERS, INC.



02-09-2004 90028 030 ****61.25

Principal Place of Business

2789 FARGO AVENUE
DELTONA FL 32738
US

Mailing Address

2789 FARGO AVENUE
DELTONA FL 32738
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JAN
2789 FARGO AVENUE
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ Delete
NAME **ESTEP, IRENE**
STREET ADDRESS **689 BINION ROAD**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **PD** ☐ Delete
NAME **JACKSON, JAN**
STREET ADDRESS **2789 FARGO AVENUE**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **TD** ☐ Delete
NAME **MCDONNOUGH, MARTHA**
STREET ADDRESS **2597 HARTWELL AVENUE**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **SD** ☐ Delete
NAME **CASINO, KAREN**
STREET ADDRESS **22 OXFORD LANE**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☐ Addition
NAME **OLIVE POLLAK**
STREET ADDRESS **8228 Wellshire Circle**
CITY-ST-ZIP **Orlando, FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan R. Jackson Jan R. Jackson

2/2/04

386-532-1870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #