

## ANNUAL REPORT

DOCUMENT # N95000005273

1. Entity Name  
VOLUSIA COUNTY ROMANCE WRITERS, INC.Principal Place of Business  
2789 FARGO AVENUE  
DELTONA, FL 32738 USMailing Address  
2789 FARGO AVENUE  
DELTONA, FL 32738 US

01292005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

JACKSON, JAN  
2789 FARGO AVENUE  
DELTONA, FL 32738DO NOT WRITE  
IN THIS SPACE

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 resigning)

DATE

Filing Fee is \$61.25  
Due by May 1, 20059. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
POLLAK, OLIVE  
8228 WELLSMERE CIR  
ORLANDO, FL 32835TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
JACKSON, JAN  
2789 FARGO AVENUE  
DELTONA, FL 32738TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MCDONNOUGH, MARTHA  
2597 HARTWELL AVENUE  
SANFORD, FL 32773TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
CASINO, KAREN  
22 OXFORD LANE  
PALM COAST, FL 32137TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDO NOT WRITE  
IN THIS SPACE

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 K. Jackson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

386-532-1870

Date

Daytime Phone #