


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000005273	
1. Entity Name VOLUSIA COUNTY ROMANCE WRITERS, INC.	

Principal Place of Business 10140 SE 139 PLACE SUMMERFIELD, FL 34491 US	Mailing Address 10140 SE 139 PLACE SUMMERFIELD, FL 34491 US
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01112007 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEUMANN, CONNIE 10140 SE 139 PLACE SUMMERFIELD, FL 34991

**DO 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. 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 MUELLER, CARLA 514 W. MINNESOTA AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEUMANN, CONNIE 10140 SE 139 PLACE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDONNOUGH, MARTHA 2597 HARTWELL AVENUE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENTLING, PATRICIA 2757 BEAVER DR DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/18/07-80031-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Connie Neumann Connie Neumann 1/12/07 (352) 288-4133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #