


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90029 040 ****61.25

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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2. Principal Place of Business - No P.O. Box # 2020 Chinaberry Ln	3. Mailing Address 2020 Chinaberry Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Deland FL	City & State Deland FL
Zip 32720	Zip 32720
Country US	Country US



03102008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent NEUMANN, CONNIE 10140 SE 139 PLACE SUMMERFIELD, FL 34991		7. Name and Address of New Registered Agent Name Gatrell, Dee Street Address (P.O. Box Number is Not Acceptable) 2020 Chinaberry Ln City Deland FL Zip Code 32720	
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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 Dee Gatrell Dee Gatrell 03/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUELLER, CARLA 514 W. MINNESOTA AVE DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Burke, Diane 54 Bear Creek Path Ormond Beach FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEUMANN, CONNIE 10140 SE 139 PLACE SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gatrell, Dee 2020 Chinaberry Ln Deland, FL 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDONNOUGH, MARTHA 2597 HARTWELL AVENUE SANFORD, FL 32773 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dishman, Lorna 12690 NE Highway 315 St McCoy, FL 32134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENTLING, PATRICIA 2757 BEAVER DR DELTONA, FL 32725 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD McDonough, Martha 2597 Hartwell Ave Sanford, FL 32773 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dee Gatrell Dee Gatrell 03/11/08 386-738-9606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #