

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002649

FILED
Apr 10, 2008
Secretary of State

Entity Name: VOLUSIA SEA TURTLE SOCIETY, INC.

Current Principal Place of Business:

109 ESTHER ST
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2524
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-3403117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, MARYE K
109 ESTHER ST
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARSHALL, MARYE
Address: 109 ESTHER ST
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: D () Delete
Name: DENNIS, CLAUDIA
Address: 309 NORMANDY AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: THOMPSON, CATHY
Address: 2301 HILL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: REINSEMA, MARION
Address: 301 S PINE STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRIDGES, AMBER
Address: CONDUCT DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYE MARSHALL

PD

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date