2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

FILED DOCUMENT # **N97000000455** Apr 23, 2000 8:00 am Secretary of State 1. Entity Name WEST VOLUSIA COMMUNITY CHARITIES, INC. 04-23-2000 90040 005 ****61.25 Mailing Address Principal Place of Business 1119 OUTLOOK DRIVE 1119 OUTLOOK DRIVE **DELTONA FL 32725-8344 DELTONA FL 32725** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3430399 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DOWELS, GUS 1119 OUTLOOK DRIVE **DELTONA FL 32725** Zip Code City FL 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. SIGNATURE DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition D Delete TITLE TITLE NAME DOWELS. GUS NAME STREET ADDRESS STREET ADDRESS 1119 OUTLOOK DRIVE CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725 ☐ Change Addition ☐ Delete TITLE NAME NAME FOUNTAIN, FRANK STREET ADDRESS STREET ADDRESS 3041 BOND STREET CITY-ST-7IP CITY-ST-ZIP **DELTON FL 32725** ☐ Change Addition ☐ Delete TITLE TITLE NAME WILLIAMS, MICHAEL NAME STREET ADDRESS STREET ADDRESS 2889 COTTAGEVILLE STREET CITY-ST-ZIP CITY-ST-ZIP DELTON FL 32725 Change Addition ☐ Delete TITLE TITLE NAME NAME CAMP, HUBERT E DR. STREET ADDRESS STREET ADDRESS 1426 DRYSDALE DRIVE CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** Addition ☐ Delete ☐ Change TITLE STARK, DENNIS NAME STREET ADDRESS STREET ADDRESS 800 DELTONA BLVD. CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied whit the filing cles 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 five 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 susteen powered to execute as report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information