


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000002515</b>		
1. Entity Name <b>REAL PROPERTY COUNCIL OF VOLUSIA COUNTY, INC.</b>		

Principal Place of Business <b>444 SEABREEZE BLVD SUITE 900 DAYTONA BEACH, FL 32118 US</b>	Mailing Address <b>444 SEABREEZE BLVD SUITE 900 DAYTONA BEACH, FL 32118 US</b>
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01292007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3444618</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BROCK, JEFFREY P 444 SEABREEZE BLVD, SUITE 900 DAYTONA BEACH, FL 32118</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000614486 02/06/07-80033-007 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROCK, JEFFREY 444 SEABREEZE BLVD, SUITE 900 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POPE, JOSHUA 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELLINGER, TRISHA 1655 NORTH CLYDE MORRIS BOULEVARD DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRICKLAND, JANET M 4643 CLYDE MORRIS BOULEVARD PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Janet M. Strickland, Treasurer 1/29/07 386-763-5083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Janet M. Strickland Date Daytime Phone #