

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # N97000002515

1. Entity Name
REAL PROPERTY COUNCIL OF VOLUSIA COUNTY, INC.



Principal Place of Business
444 SEABREEZE BLVD
SUITE 900
DAYTONA BEACH, FL 32118 US

Mailing Address
444 SEABREEZE BLVD
SUITE 900
DAYTONA BEACH, FL 32118 US



01182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3444618

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROCK, JEFFREY P
444 SEABREEZE BLVD, SUITE 900
DAYTONA BEACH, FL 32118

**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 _____

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME BROCK, JEFFREY
STREET ADDRESS 444 SEABREEZE BLVD, SUITE 900
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE PD
NAME POPE, JOSHUA
STREET ADDRESS 150 MAGNOLIA AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE SD
NAME DELLINGER, TRISHA
STREET ADDRESS 1655 NORTH CLYDE MORRIS BOULEVARD
CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE TD
NAME STRICKLAND, JANET M
STREET ADDRESS 4643 CLYDE MORRIS BOULEVARD
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U000000791218
01/23/08-80065-013-61.25

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janet M. Strickland

1/18/08 386-763-5083