2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N97000003996

Entity Name: SOUTHEAST VOLUSIA DEMOCRATIC CLUB, INC.

Current Principal Place of Business:

645 YUPON STREET
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

414 SWEET BAY AVE
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

PO BOX 1531
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-2941710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, WILLIAM L JR.
221 NORTH CAUSEWAY
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: P ( ) Delete
Name: WALKER, CLYDE
Address: 645 YUPON STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V ( ) Delete
Name: WRIGHTINGTON, JACK
Address: 2929 SABAL PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: S ( ) Delete
Name: POWELL, JULIE
Address: 2416 LYDIA HWY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T ( ) Delete
Name: ZELA, GLORIA
Address: 253 N GAINES STREET
City-St-Zip: OAK HILL, FL 32759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MAUL, WILLIAM
Address: 414 SWEET BAY AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V (X) Change ( ) Addition
Name: POWELL, JULIE
Address: 2416 LYDIA WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S (X) Change ( ) Addition
Name: ALVORD, PATRICIA
Address: 2822 NEEDLE PALM
City-St-Zip: EDGEWATER, FL 32141

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: GLORIA D. ZELA T 03/06/2009
Electronic Signature of Signing Officer or Director — Date