


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000005066 1. Entity Name VOLUSIA COUNTY AIRBOATERS, INC.	
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Principal Place of Business 399 PARK DRIVE DELAND, FL 32724	Mailing Address 399 PARK DRIVE DELAND, FL 32724
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DO NOT WRITE IN THIS SPACE



07152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3658960	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNS, TONY O SR. 399 PARK DRIVE DELAND, FL 32724	DO NOT WRITE IN THIS SPACE
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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 	Tony O. Johns Sr.	7-15-04

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNS, TONY O 399 PARK DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SNELLENBURGER, ROY 390 PARK DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNS, KIM D 399 PARK DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, STEVE 387 PARK DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD PETERSON, ARTHUR PO BOX 37 2180 WEST STREET DELEON SPRINGS, FL 32120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD COLEMAN, RICKY 1325 KENT RD DELAND, FL 32724

DO NOT WRITE
IN THIS SPACE

1100000167302
07/19/04-80019-024 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Kim D. Johns	7-15-04	386-785-0049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		