

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17610

**FILED**  
**Apr 02, 2018**  
**Secretary of State**  
**CC0508714196**

**Entity Name:** LIVING GIFTS FOUNDATION OF THE COUNCIL ON AGING OF VOLUSIA COUNTY, INC.

**Current Principal Place of Business:**

LIVING GIFTS FOUNDATION  
425 N. CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

LIVING GIFTS FOUNDATION  
PO BOX 671  
DAYTONA BEACH, FL 32115-0671 US

**FEI Number: 59-2785991**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

KOBERG, MARYELLEN  
KINSEY, VINCENT, PYLE  
150 S. PALMETTO AVENUE #300  
DAYTONA BEACH, FL 32114 US

*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: MARYELLEN KOBERG**

**04/02/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CFO  
Name KAROL, TERRI D  
Address LIVING GIFTS FOUNDATION  
425 N. CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title COO  
Name KRALJIC, EVELINE  
Address LIVING GIFTS FOUNDATION  
425 N. CLYDE MORRIS BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

Title CEO  
Name GURTIS, SARAH F  
Address LIVING GIFTS FOUNDATION  
425 N. CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title PAST CHAIRMAN  
Name MOCK, SHARON  
Address 970 N. HALIFAX DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title CHAIRMAN  
Name TOLLAND, CHRIS  
Address 220 S. RIDGEWOOD AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

Title TREASURER  
Name BAILEY, KENT  
Address 303 N. CLYDE MORRIS BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

Title VICE CHARIMAN  
Name KURTZ, DEAN P  
Address 425 N. CLYDE MORRIS BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

Title SECRETARY  
Name LOHMAN, NANCY  
Address 725 W. GRANADA BLVD  
48  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby 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 all other like empowered.*

**SIGNATURE: TERRI KAROL**

**CFO**

**04/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date