FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:20

DOCUMENT # 737450 (7)

1. Corporation Name
DOMESTIC ABUSE COUNCIL OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
534 S. PALMETTO AVE. DAYTONA BEACH FL 32114 US	P.O. BOX 142 DAYTONA BEACH FL 32115 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1976
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1881222 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status X $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WARREN, MARY FRANCES
1224 SOUTH PENINSULA, #323
DAYTONA BEACH, 32118

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change X Addition
NAME	VAGOVIC, JOHN, M.D.	1.2 NAME		
STREET ADDRESS	2753 S. ATLANTIC AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	32118	
TITLE	PD	2.1 TITLE		☐ Change X Addition
NAME	LEWIS, DORA	2.2 NAME		
STREET ADDRESS	37 TREETOP CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	32174	
TITLE	T	3.1 TITLE		☐ Change X Addition
NAME	DREES, CATHERINE E	3.2 NAME		
STREET ADDRESS	47 BERKLEY ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	32176	
TITLE	SD	4.1 TITLE		☒ Change ☐ Addition
NAME	BARNETT, SHELIA	4.2 NAME	HELMER, SHEILA	
STREET ADDRESS	126-D BLUE HERON DRIVE	4.3 STREET ADDRESS	1419 E. Hancock Dr.	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	Deltona, FL 32725	
TITLE	ED	5.1 TITLE		☐ Change ☐ Addition
NAME	WARREN, MARY FRANCES	5.2 NAME		
STREET ADDRESS	1224 S. PENINSULA #323	5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	CORRESPONDING SECRETARY	☐ Change ☒ Addition
NAME		6.2 NAME	FERRELL, CATHERINE	
STREET ADDRESS		6.3 STREET ADDRESS	144 E. Indiana Avenue	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DeLand FL 32724	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. F. Warren 2-2-95 904-257-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY FRANCES WARREN 2297

0023330