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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32115-0142 US

3. Date Incorporated or Qualified: **12/07/1976**
3a. Date of Last Report: **06/19/1996**

2. Principal Place of Business
21 **211 N. RIDGEWOOD AVENUE**
Suite, Apt. #, etc.
22 **SUITE 301**
City & State
23 **DAYTONA BEACH, FL**
Zip 24 **32114** Country 25 **USA**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **M.F. WARREN, CEO** 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	P	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	VAGPVIC, JOHN M.D.		1.2 NAME	ALMA QUINN	
STREET ADDRESS	2753 S. ATLANTIC AVE.		1.3 STREET ADDRESS	1210 OCEAN SHORE BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	☒ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	LEWIS, DORA		2.2 NAME	DENISE BRENEMAN	
STREET ADDRESS	37 TREETOP CIRCLE		2.3 STREET ADDRESS	211 N. RIDGEWOOD AVE, SUITE 301	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	☐ DELETE	3.1 TITLE	V	☒ Change ☐ 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		
TITLE	SD	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	HELMER, SHEILA		4.2 NAME	GLEN SMITH	
STREET ADDRESS	1419 E. HANCOCK DR.		4.3 STREET ADDRESS	990 ORANGE AVE	
CITY-ST-ZIP	DELTONA FL		4.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	CEO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WARREN, MARY FRANCIS		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	CS	☒ DELETE	6.1 TITLE	S/D	☒ Change ☐ Addition
NAME	PIJOT, SANDY		6.2 NAME	REBECCA WALL	
STREET ADDRESS	49 BROAD RIVER RD.		6.3 STREET ADDRESS	1110 LOOMIS AVE	
CITY-ST-ZIP	DAYTONA BEACH FL		6.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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, CEO **(904) 257-2297**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0002062