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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737450

1. Corporation Name

DOMESTIC ABUSE COUNCIL OF VOLUSIA COUNTY, INC.

Principal Place of Business

211 N. RIDGEWOOD AVE
STE. 301
DAYTONA BEACH FL 32114
US

Mailing Address

P.O. BOX 142
DAYTONA BEACH FL 32115
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date incorporated or Qualified

12/07/1976

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BRENNEMAN, DENISE
STREET ADDRESS 211 N RIDGEWOOD AVE, #301
CITY-ST-ZIP DAYTONA BEACH FL 32114

☐ DELETE

TITLE VD
NAME WALL, REBECCA
STREET ADDRESS 1110 LOOMIS AVE
CITY-ST-ZIP DAYTONA BEACH FL 32114

☐ DELETE

TITLE TD
NAME WELCH, GINA
STREET ADDRESS FIRST UNION, 444 SEABREEZE BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32118

☒ DELETE

TITLE SD
NAME DRAIS, NANCY
STREET ADDRESS 281 BRAEBURN CIR
CITY-ST-ZIP DAYTONA BEACH FL 32114

☒ DELETE

TITLE CEO
NAME WARREN, MARY FRANCIS
STREET ADDRESS 1224 S. PENINSULA #323
CITY-ST-ZIP DAYTONA BEACH FL

☐ DELETE

TITLE VD
NAME HAMILTON, DORA
STREET ADDRESS 37 TREETOP CIR
CITY-ST-ZIP ORMOND BEACH FL 32174

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE IPP/D
1.2 NAME BRENNEMAN, DENISE
1.3 STREET ADDRESS 211 N. RIDGEWOOD AVE., 202
1.4 CITY-ST-ZIP DAYTONA BEACH FL 32114

☒ Change ☐ Addition

2.1 TITLE P/D
2.2 NAME WALL, REBECCA
2.3 STREET ADDRESS 1110 LOOMIS AVENUE
2.4 CITY-ST-ZIP DAYTONA BEACH FL 32114

☒ Change ☐ Addition

3.1 TITLE T/D
3.2 NAME BROUGHTON, CRAIG
3.3 STREET ADDRESS 101 EAST CANAL STREET
3.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

☐ Change ☒ Addition

4.1 TITLE 2VP/D
4.2 NAME MATOUSEK, DIANE
4.3 STREET ADDRESS 136 OAKLEA DRIVE
4.4 CITY-ST-ZIP ENTERPRISE FL 32725

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Mary Francis Warren* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/22/99

904/257-2297 Ext. 18

CR2E037 (11/98)