## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # 737450** 1. Entity Name DOMESTIC ABUSE COUNCIL OF VOLUSIA COUNTY, INC. 03-21-2001 90057 010 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 142 211 N. RIDGEWOOD AVE DAYTONA BEACH FL 32115 STE. 301 DAYTONA BEACH FL 32114 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1881222 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WARREN, MARY FRANCES 1224 SOUTH PENINSULA, #323 DAYTONA BEACH FL 32118 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 1VD President XI Channe ☐ Addition ☐ Delete TITLE TITLE MATOUSEK, DIANE NAME Matousek, Diane NAME D 136 OAKLEA DRIVE STREET ADDRESS STREET ADDRESS 136 Oaklea Drive CITY-ST-ZIP **ENTERPRISE FL 32725** CITY-ST-ZIP Enterprise, FL 32725 ☐ Addition 2VD Delete TITLE 1st Vice President ▼ Change TITLE BROUGHTON, CRAIG NAME NAME Broughton, Craig 101 E CANAL ST STREET ADDRESS STREET ADORESS 101 E. Canal St. CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168** CITY-ST-ZIP -New Smyrna Beach, 68 ☐ Addition Change St Delete THIE TITLE BERNARDINI, LISA NAMÉ MAME 464 S RIDGEWOOD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32115 CITY-ST-ZIP 2nd Vice President XI Change ☐ Addition ☐ Delete TITLE TITLE ELLIS, SANDRA Ellis, Sandra NAME 510 Oakridge Blvd. STREET ADDRESS 510 OAKRIDGE BLVD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118-3973 CITY-ST-ZIP Daytona Beach, FL 32118-3973 Addition CFOTITLE ☐ Channe Delete TITLE WARREN, MARY FRANCIS NAME NAME 1224 S. PENINSULA #323 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE Treasurer Ted NAME NAME 990 Orange Ave. STREET ADDRESS STREET ADDRESS Daytona Beach, FL 32114 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

(386)257-2297