

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90092 049 ****61.25

DOCUMENT # 737450 1. Entity Name DOMESTIC ABUSE COUNCIL OF VOLUSIA COUNTY, INC.					
Principal Place of Business 1031 S. BEACH STREET DAYTONA BEACH, FL 32114 US			Mailing Address P.O. BOX 142 DAYTONA BEACH, FL 32115 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1881222	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WARREN, MARY FRANCES 1224 SOUTH PENINSULA, #323 DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARSALL, TED 90N ORANGE AVE. DAYTONA BEACH, FL 32114	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cobb, Sheri 3398 Glenshane Way Ormond Beach, FL 32147	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD PEARSALL, TED 990 ORANGE AVENUE DAYTONA BEACH, FL 32114	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD Burroughs, Jean 917 Teaberry Lane Port Orange, FL 32127	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD COBB, SHERI 3398 GLENSHANE WAY ORMOND BEACH, FL 32147	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Vargas, Omar 331 Osprey Nest Lane Port Orange, FL 32128	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD HAYES, JOERETHA 801 S KOTTLE CIRCLE DAYTONA BEACH, FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wall, Rebecca 1 Springwood Trail Ormond Beach, FL 32174	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WARREN, MARY FRANCIS 1224 S. PENINSULA #304 DAYTONA BEACH, FL 32118	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wall, Rebecca 1 Springwood Trail Ormond Beach, FL 32174	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALL, REBECCA 444 SEABREEZE BLVD. DAYTONA BEACH, FL 32118	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wall, Rebecca 1 Springwood Trail Ormond Beach, FL 32174	☐ Change ☐ Addition
12. 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 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.					
SIGNATURE: <u>M. F. Warren</u> M.F. Warren			3/15/05 386-257-2297		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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