

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90288 027 ****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		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.				\$8.75 Additional Fee Required	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2006			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COBB, SHERI 3398 GLENSHANE WAY ORMOND BEACH, FL 32147	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Burroughs, Jean 917 Teaberry Lane Port Orange, FL 32127	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD BURROUGHS, JEAN 917 TEABERRY LANE PORT ORANGE, FL 32127	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD Doliner, Barbara 108 S. St. Andrews Dr. Ormond Beach, FL 32174	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARGAS, OMAR 331 OSPREY NEST LANE PORT ORANGE, FL 32128	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD 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	T Pearsall, Ted 990 Orange Ave. Daytona Beach, FL 32114	☐ 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 Willis, Ken 795 Sterling Chase Dr. Port Orange, FL 32128	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALL, REBECCA 1 SPRINGWOOD TRAIL ORMOND BEACH, FL 32174	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. E. Warren</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			March 6, 2006 Date		386-257-2297 Daytime Phone #

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