2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State
02-01-2007 90035 012 ****61.25

DOCUMENT # 737450

1. Entity Name
DOMESTIC ABUSE COUNCIL OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
1031 S. BEACH STREET DAYTONA BEACH, FL 32114 US	P.O. BOX 142 DAYTONA BEACH, FL 32115 US

01162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1881222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARREN, MARY FRANCES 1224 SOUTH PENINSULA, #323 DAYTONA BEACH, FL 32118	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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, 2007

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 BURROUGHS, JEAN 917 TEABERRY LANE PORT ORANGE, FL 321278	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Doliner, Barbara 108 S. St. Andrews Dr. Ormond Beach, FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD DOLINER, BARBARA 108 S ST ANDREWS DR ORMOND BEACH, FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD Vargas, Omar 331 Osprey Nest Lane Port Orange, FL 32128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD VARGAS, OMAR 331 OSPREY NEST LANE PORT ORANGE, FL 32128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD Scott, Helen 955 Essex Road Daytona Beach, FL 32117	Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PEARSALL, TED 990 ORANGE AVE DAYTONA BEACH, FL 32114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Willis, Ken 795 Sterling Chase Drive Port Orange, FL 32128	☒ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILLIS, KEN 795 STERLING CHASE DR PORT ORANGE, FL 32128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Campbell-Baker, Lori 126 E. Orange Avenue Daytona Beach, FL 32114	☐ 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: M. F. Warren 01/29/07 (386)257-2297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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