## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 737450**

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## **FILED** Mar 24, 2003 8:00 am Secretary of State

03-10-2003 90134 008 \*\*\*\*61.25

1. Entity Nati	TC ABUSE COUNCIL OF V	OLUSIA 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	P.O. BOX 142 DAYTONA BEACH FL 32115			- 1876; 2001; 0 100 Cills	AAN EERN SIRU	S ALDIN SERVE OLI	<b>9</b> 11 <b>8:18</b> 4 1 <b>93</b> 1
2. Principal Place of Business		3. Mailing Address	· <u>-</u>						
1031 S. Beach Street			<del></del>		1 100111 10000		461- 01-01		
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				CHECK HERE	IF MAKING	CHANGES	ì
City & Sta Day	tona Beach, FL	City & State			4. FEI Number	59-1881222			pplied For of Applicable
Zip 321.	Country	Zip	Country		5. Certificate of !	Status Desired		\$8.75 Ad	ditional
J21.	_ 6. Name and Address of Curr	rent Registered Agent	<del></del>	1	7. Name and Ad	dress of New R			
			Name:		- <del> </del>			-	
	N, MARY FRANCES	·	Street /	Address (P	O. Box Number is	Not Acceptable	)		
	OUTH PENINSULA, #323		<u> </u>			·	·		
DAYTON	IA BEACH FL;32118								
			City				FL	Zip Cod	le
	e named entity submits this stateme	ent for the purpose of changing its re	egistered office of	or registere	d agent, or both, in	n the State of Flo	rida. I am fa	amiliar with,	and accept
the coliga	itions of registered agent.								
SIGNATURE	m. 3.00	arm	Marv Fran	ces Wa	arren, CEO	)	1/	16/03	
SIGNATORE	Signature, typed or printed name of registered a		Registered Agent signs				DATE	/	
	C-S-must, (Spec or lawner) have a radiationed	agent and see it applicable. (NOTE:	Hedizielec Marie zidus	STERN LECTRILINGS A	when reinstating)		DAIL		
	FILE NOW: FEE IS \$61.25	9. Election Carni Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		ke Check la Departi		
10.	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co	paign Financing	0 3	\$5.00 May Be	Florid	ke Check la Departi	ment of	State
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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: PhSIS

FOU CONTRACTOR Warren, CEO

1/16/03

386-257-2297

Daytime Phone #