


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90136 018 \*\*\*\*61.25

DOCUMENT # N00000006175 1. Entity Name HANDICAPPED ADULTS OF VOLUSIA COUNTY, INC.	
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Principal Place of Business 6156 SEQUOIA DR PORT ORANGE, FL 32127	Mailing Address 6156 SEQUOIA DR PORT ORANGE, FL 32127
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**DO NOT WRITE IN THIS SPACE**



03232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 75-3121396	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  DIXON, DAVID 6156 SEQUOIA DR PORT ORANGE, FL 32127
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIXON, DAVID 6156 SEQUOIA DR PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, GRACE 118 PORPOISE BAY RD #105 DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARMELLA, CAROL 199 BAY ST DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD GOLDSTEIN, BARBARA 12 ECLIPSE TRAIL ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURGE, PAUL H 118 PORPOISE BAY RD #104 DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Carol A. Carmella (Treas) 4-6-05 386-274-0648  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #