2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90370 039 ****61.25

DOCUMENT # N00000006175

1. Entity Name

HANDICAPPED ADULTS OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
6156 SEQUOIA DR PORT ORANGE FL 32127	6156 SEQUOIA DR PORT ORANGE FL 32127

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
436 Auburn Dr	436 Auburn Dr
Suite, Apt. #, etc.: Apt 51	Suite, Apt. #, etc.: Apt 51
City & State: Daytona Beach FL	City & State: Daytona Beach FL
Zip: 32118 Country: Volusia	Zip: 32118 Country: Volusia

4. FEI Number: 75-3121396 ☐ 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
DIXON, DAVID 6156 SEQUOIA DR PORT ORANGE FL 32127	Name: Aleda J. Devies Street Address (P.O. Box Number is Not Acceptable): 436 Auburn Dr Apt 51 City: Daytona Beach **FL** Zip Code: 32118

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: Aleda J Devies Aleda J. Devies March 1, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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	P DIXON, DAVID 6156 SEQUOIA DR PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Aleda J. Devies 436 Auburn Dr, Apt 51 Daytona Beach FL 32118	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARRIS, GRACE 118 PORPOISE BAY RD #105 DAYTONA BEACH FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARMELLA, CAROL 199 BAY ST DELAND FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Joan Cleary 300 Windsor Dr Port Orange FL 32129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD LAPOUSKI, PAT 1129 BRADENTON RD DAYTONA BEACH FL 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Corresponding Secretary Tiffany Karh 3778 Maple Grove Ct. Port Orange FL 32129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BURGE, PAUL H 118 PORPOISE BAY RD #104 DAYTONA BEACH FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Burge Paul H. 118 Porpoise Bay Rd #105 Daytona Beach FL 32119	☒ Change ☐ Addition (Apt # only)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 Section 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: Aleda J Devies Aleda J. Devies 3/1/06 386-676-2942