

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90053 011 \*\*\*\*66.25

DOCUMENT # N00000006175

1. Entity Name

HANDICAPPED ADULTS OF VOLUSIA COUNTY, INC.



Principal Place of Business

436 AUBURN DR  
APT 51  
DAYTONA BEACH FL 32118

Mailing Address

436 AUBURN DR  
APT 51  
DAYTONA BEACH FL 32118

2. Principal Place of Business - No P.O. Box #

2034 5th AVE

Suite, Apt. #, etc.

3. Mailing Address

2034 5th AVE

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/06)

City & State

DELAND, FL

City & State

DELAND, FL

4. FEI Number

75-3121396

Applied For

Not Applicable

Zip

32724

Country

VOLUSIA

Zip

32724

Country

VOLUSIA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVIES, ALEDA J  
436 AUBURN DR APT 51  
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name H.P. BURKE

Street Address (P.O. Box Number is Not Acceptable)  
2034 5th AVE.

City

DELAND,

FL

Zip Code

32724

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

*Theresa P. Burke*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-07

FILE NOW: 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

☒ Delete

TITLE P  
NAME DEVIES, ALEDA J  
STREET ADDRESS 436 AUBURN DR APT 51  
CITY-ST-ZIP DAYTONA BEACH FL 32118

☐ Delete

TITLE SD  
NAME HARRIS, GRACE  
STREET ADDRESS 118 PORPOISE BAY RD #105  
CITY-ST-ZIP DAYTONA BEACH FL 32119

☒ Delete

TITLE T  
NAME CLEARY, JOAN  
STREET ADDRESS 300 WINDSOR DR  
CITY-ST-ZIP PORT ORANGE FL 32129

☒ Delete

TITLE CS  
NAME DARN, TIFFANY  
STREET ADDRESS 3778 MAPLE GROVE CT  
CITY-ST-ZIP PORT ORANGE FL 32129

☒ Delete

TITLE VP  
NAME BURGE, PAUL H  
STREET ADDRESS 118 PROPOISE BAY RD  
CITY-ST-ZIP DAYTONA BEACH FL 32119

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE 10  
NAME FRANK MORLA  
STREET ADDRESS 4504 ALDER DR 17R  
CITY-ST-ZIP PORT ORANGE FL 32129 32127

☐ Change ☐ Addition

TITLE 45  
NAME WIZY HIPPLE  
STREET ADDRESS 875 DEARBYSHIP RD  
CITY-ST-ZIP DAYTONA BEACH FL 32117

☒ Change ☐ Addition

TITLE P  
NAME H.P. BURGE  
STREET ADDRESS 2034 5th AVE  
CITY-ST-ZIP DELAND FL 32724

☐ Change ☐ Addition

TITLE VP  
NAME VKE PRESIDENT  
STREET ADDRESS NICK NAGBY  
CITY-ST-ZIP 4601 S. CLYDE MORRIS  
PORT ORANGE FL 32129

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:

*Theresa P. Burke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-07

386 644-3719