



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90029 035 ****61.25

DOCUMENT # N00000006175 1. Entity Name HANDICAPPED ADULTS OF VOLUSIA COUNTY, INC.					
Principal Place of Business 2034 5TH AVE DELAND, FL 32724			Mailing Address 2034 5TH AVE DELAND, FL 32724		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01042008 Chg-NP CR2E037 (12/06)	
4. FEI Number 75-3121396				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURGE, HP 2034 5TH AVE DELAND, FL 32724			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP NAGRY, NICK 4601 S CLYDE MORRIS PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOAN CLEARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 WINDSOR DR PORT ORANGE FL 32129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, GRACE 118 PORPOISE BAY RD #105 DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRIS GRACE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2034 5TH AVE DELAND FLA 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORLA, FRANK 4504 ALDER DR TR PORT ORANGE, FL 32129 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORGAN FRANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4504 ALDER DR TR Port Orange FL 32129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS HIPPLE, LUZY 875 DEAR BYSHIE RD DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIPPLE SUZY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 875 DEAR BYSHIE RD Daytona Bch FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGE, PAUL H 2034 5TH AVE DELAND, FL 32724 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIXON DAVID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6156 Sequoia DR Port Orange FL 32127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Frank Morgan</i> FRANK MORGAN 2/10/08 386 3040331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					