

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006175

FILED
Jan 25, 2009
Secretary of State

Entity Name: HANDICAPPED ADULTS OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

2034 5TH AVE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

2034 5TH AVE
DELAND, FL 32724

New Mailing Address:

FEI Number: 75-3121396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGE, HP
2034 5TH AVE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CLEARY, JOAN
Address: 300 WINDSOR DR
City-St-Zip: PORT ORANGE, FL 32129

Title: SD () Delete
Name: HARRIS, GRACE
Address: 2034 5TH AVE
City-St-Zip: DELAND, FL 32724

Title: TD () Delete
Name: MORGAN, FRANK
Address: 4504 ALDER DR TR
City-St-Zip: PORT ORANGE, FL 32129

Title: CS () Delete
Name: HIPPLE, SUZY
Address: 875 DEAR BYSHIE RD
City-St-Zip: DAYTONA BEACH, FL 32117

Title: P () Delete
Name: DIXON, DAVID
Address: 6156 SEQUORA DR
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MORGAN, FRANK C
Address: 4504 ALDER DR
City-St-Zip: PORT ORANGE, FL 32129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK C. MORGAN

TD

01/25/2009

Electronic Signature of Signing Officer or Director

Date