

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006175

FILED
Mar 13, 2010
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
Name: STRICKLAND, MICHELLE
Address: 950 ORANGE AVE.
City-St-Zip: PORT ORANGE, FL 32129

Title: RS
Name: STRICKLAND, NANCY JO
Address: 950 ORANGE AVE.
City-St-Zip: PORT ORANGE, FL 32129

Title: T
Name: MORGAN, FRANK C
Address: 4504 ALDER DR
City-St-Zip: PORT ORANGE, FL 32129

Title: CS
Name: BURGE, PAUL
Address: 2034 5TH AVE.
City-St-Zip: DELAND, FL 32724

Title: P
Name: PORTER, MICHAEL
Address: 903 SECOND ST.
City-St-Zip: PORT ORANGE, FL 32119

I hereby 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 all other like empowered.

SIGNATURE: FRANK C. MORGAN

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03/13/2010

Electronic Signature of Signing Officer or Director

Date