

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90183 029 \*\*\*\*61.25

**DOCUMENT # N00000006175**

1. Entity Name

**HANDICAPPED ADULTS OF VOLUSIA COUNTY, INC.**



Principal Place of Business

**6156 SEQUOIA DR  
PORT ORANGE FL 32127**

Mailing Address

**6156 SEQUOIA DR  
PORT ORANGE FL 32127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

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

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**

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 **P** ☐ Delete  
NAME **DIXON, DAVID**  
STREET ADDRESS **6156 SEQUOIA DR**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **DROGAN, ETHEL**  
STREET ADDRESS **42 COQUINA POINT DR**  
CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE **SD** ☒ Change ☐ Addition  
NAME **LaVerne M. Wills**  
STREET ADDRESS **1591 Megan Bay Circle**  
CITY-ST-ZIP **Holly Hill FL 32117**

TITLE **TD** ☐ Delete  
NAME **POSSENTI, PATRICIA**  
STREET ADDRESS **829 PINE TREE CT**  
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CSD** ☐ Delete  
NAME **GOLDSTEIN, BARBARA**  
STREET ADDRESS **12 ECLIPSE TRAIL ECLIPSE**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **BURGE, PAUL H**  
STREET ADDRESS **118 PORPOISE BAY RD #104**  
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, name, or other like empowered.

SIGNATURE

**SIGNATURE REQUIRED**

**(386) 760-3186**  
**02/05/03**