

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000000838

FILED
Jan 11, 2005
Secretary of State

Entity Name: VOLUSIA INTERFAITHS AGENCIES NETWORKING IN DISASTER INC.

Current Principal Place of Business:

1800 MAPLEWOOD DR
EDGEWATER, FL 32132

New Principal Place of Business:

326 S. PALMETTO AVE
DAYTONA BEACH, FL 32114

Current Mailing Address:

1800 MAPLEWOOD DR
EDGEWATER, FL 32132

New Mailing Address:

P.O. BOX 9364
DAYTONA BEACH, FL 32125

FEI Number: 59-3721382 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARNOW, LINDA
1800 MAPLEWOOD DR
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

TROXLER, DAVID
326 SOUTH PALMETTO AVE
DAYTONA BEACH, FL 32114 US

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: DAVID TROXLER

01/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROXLER, DAVID
Address: 326 S. PALMETTO AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD () Delete
Name: ARNOW, LINDA
Address: 1800 MAPLEWOOD DRIVE
City-St-Zip: EDGEWATER, FL 32132

Title: SD () Delete
Name: CONE, CORDELIA
Address: 6895 LAKE WINONA ROAD
City-St-Zip: DELEON SPRINGS, FL 32130

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SHULL, DEBORAH
Address: 49 KEYTON DR.
City-St-Zip: DAYTONA BEACH, FL 32124

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

Title: TD () Change (X) Addition
Name: MAACHIARELLA, SUE
Address: 6061 RED STAG DRIVE
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID TROXLER

PD

01/11/2005

Electronic Signature of Signing Officer or Director

Date