2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 23, 2006 8:00 am Secretary of State 03-23-2006 90007 004 ****70.00

DOCUMENT # N02000000838

1. Entity Name



VOLUSIA INTERFAITHS AGENCIES NETWORKING IN DISASTER INC.										
Principal Place of Business 326 S. PALMETTO AVE DAYTONA BEACH, FL 32114 Principal Place of Business P.O. BOX 9364 DAYTONA BEACH, FL 321125						40037				
2. Principal Place of Business 3. Mail			ailing Address							
Suite, Apt. #, etc. Su		Suite, Apt	Suite, Apt. #, etc.			03102006 Ch	g-NP	CR2E03	37 (11/05)	
City & State C		City & Sta	City & State			4. FEI Number 59-372138:	2		<u> </u>	oplied For ot Applicable
Zip	Country Zip		Country			5. Certificate of Sta			\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Ager	nt	Nome		7. Name and Addr	ess of New F	Registered /	Agent	
~TROXI-FR	-DAVID-			Name					<u> </u>	
TROXLER, DAVID 326 SOUTH PALMETTO AVE DAYTONA BEACH, FL 32114				Street Add	dress (F	P.O. Box Number is N	lot Acceptabl	e)		
				City				FL	Zip Cod	le
	named entity submits this statement fo ions of registered agent.	r the purpose of	changing its reg	gistered office or re	egister	ed agent, or both, in	the State of FI	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	egistered Agent signature	e required	when reinstating)		DATE	····	
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.							
	-					\$5.00 May Be Added to Fees			k payable t tment of S	
10.	-					\$5.00 May Be Added to Fees	Flo	rida Depar	tment of S	tate
10.	OFFICERS AND DIE	RECTORS		tribution. 11. TITLE		Added to Fees	Flo	rida Depar	tment of S	tate
TITLE NAME	OFFICERS AND DIE PD TROXLER, DAVID	RECTORS	Trust Fund Conf	tribution. 11. TITLE NAME		Added to Fees	Flo	rida Depar	tment of S	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DIE PD TROXLER, DAVID 326 S. PALMETTO AVENUE	RECTORS	Trust Fund Conf	TITLE NAME STREET ADDRESS		Added to Fees	Flo	rida Depar	tment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE PD TROXLER, DAVID 326 S. PALMETTO AVENUE DAYTONA BEACH, FL 32114	RECTORS	Trust Fund Cont	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Added to Fees	Flo	rida Depar	TIMENT OF SIN	N 10 Addition
TITLE NAME STREET ADDRESS	OFFICERS AND DIE PD TROXLER, DAVID 326 S. PALMETTO AVENUE	RECTORS	Trust Fund Conf	TITLE NAME STREET ADDRESS		Added to Fees	Flo	rida Depar	tment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD TROXLER, DAVID 326 S. PALMETTO AVENUE DAYTONA BEACH, FL 32114 VD	RECTORS	Trust Fund Cont	11. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE		Added to Fees	Flo	rida Depar	TIMENT OF SIN	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD TROXLER, DAVID 326 S. PALMETTO AVENUE DAYTONA BEACH, FL 32114 VD SHULL, DEBORAH	RECTORS	Trust Fund Cont	11. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME		Added to Fees	Flo	rida Depar	TIMENT OF SIN	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DIF PD TROXLER, DAVID 326 S. PALMETTO AVENUE DAYTONA BEACH, FL 32114 VD SHULL, DEBORAH 49 KEYTON DR. DAYTONA BEACH, FL 32124 SD	RECTORS	Trust Fund Cont	TIDUTION. 11. ITILE NAME STREET ADDRESS CITY-SI-ZIP ITILE NAME STREET ADDRESS CITY-SI-ZIP ITILE TITLE TITLE TITLE TITLE		Added to Fees	Flo	rida Depar	TIMENT OF SIN	N 10 Addition
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12. I hereby certify that the information supplied with this filling 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 trostee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all others are provided in the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the

SIGNATURE:

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