

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000838

FILED
Feb 12, 2007
Secretary of State

Entity Name: VOLUSIA INTERFAITHS AGENCIES NETWORKING IN DISASTER INC.

Current Principal Place of Business:

326 S. PALMETTO AVE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9364
DAYTONA BEACH, FL 32125

New Mailing Address:

FEI Number: 59-3721382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: DAVID TROXLER

PRES

02/12/2007

Electronic Signature of Signing Officer or Director

Date