

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000838

FILED  
Apr 07, 2009  
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 32120

**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: VD      (X) Change ( ) Addition  
Name: COURTNEY, CARRIE MS  
Address: 136 WEST GARDENIA DR.  
City-St-Zip: ORANGE CITY, FL 32763

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 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

PD

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date