

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000838

FILED  
Mar 24, 2010  
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  
Name: TROXLER, DAVID  
Address: 326 S. PALMETTO AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD  
Name: COURTNEY, CARRIE MS  
Address: 136 WEST GARDENIA DR.  
City-St-Zip: ORANGE CITY, FL 32763

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

Title: TD  
Name: RAY, TROY  
Address: 215 BAY ST.  
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby 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 all other like empowered.

SIGNATURE: DAVID TROXLER

PD

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date