


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90182 007 ****61.25

DOCUMENT # N04000011440 1. Entity Name DIRECTORS OF VOLUNTEERS IN AGENCIES, INC.					
Principal Place of Business 3301 TAMiami TRAIL E NAPLES, FL 34112			Mailing Address 3301 TAMiami TRAIL E NAPLES, FL 34112		
2. Principal Place of Business - No P.O. Box # 801 8th Avenue So		3. Mailing Address 801 8th Avenue South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 32-0136712	
Zip 34102		Country Collier		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DOWNEY, SHARON 3301 TAMiami TRAIL E NAPLES, FL 34112			7. Name and Address of New Registered Agent Name Sharon Downey Street Address (P.O. Box Number is Not Acceptable) 801 8th Avenue South City Naples FL Zip Code 34102		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Sharon Downey</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1-10-2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP OGDEN, DEBRA 5775 OSCEOLA TR. NAPLES, FL 34113	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RORER, MERYL 7610 DAVIS BLVD. NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RINGER, MELISSA PO BOX 10102 NAPLES, FL 34101	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DOWNEY, SHARON 3301 TAMiami TRAIL E NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOUSEWERT, BETH 300 TOWER RD. NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rosemarie Schwager 111 Health Park Blvd Naples, FL 34108	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Past President Becky Troop 701 5th Avenue So. Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sharon Downey</u> <u>Sharon Downey</u> <u>1-11-2007</u> <u>239-774-8833</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					