

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001505

FILED
Apr 10, 2011
Secretary of State

Entity Name: FAMILY PROMISE OF VOLUSIA COUNTY INC.

Current Principal Place of Business:

200 SPRUCE STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

PO BOX 8151
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

PO BOX 1851
NEW SMYRNA BEACH, FL 32170

FEI Number: 20-8462964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREANO, JOSEPH
724 GREEN ROAD
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

HANSEL, JOSEPH
510 RIVERSIDE DR
NEW SMYRNA BEACH, FL 32168 US

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: JOSEPH HANSEL

04/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: SCOTT, BARBARA
Address: 2604 LIME TREE DR
City-St-Zip: EDGEWATER, FL 32141 US

Title: DVP
Name: KING, AUDREY
Address: 627 STARBOARD AVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: DS
Name: HAMPTON, JIM
Address: 6 CEDAR DUNES DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: DT
Name: HANSEL, JOSEPH
Address: 510 SOUTH RIVERSIDE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D
Name: MUCHOW, LINDA
Address: 127 OAK RIDGE AVE.
City-St-Zip: EDGEWATER, FL 32132 US

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: JOSEPH HANSEL

DT

04/10/2011

Electronic Signature of Signing Officer or Director

Date