


FILE NOW: FILING FEE IS \$61.25

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Feb 18, 1999 8:00am  
Secretary of State

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09238

1. Corporation Name

RAPE CRISIS CENTER OF VOLUSIA COUNTY, INC.

Principal Place of Business

1311 BIRD AVENUE  
DAYTONA BEACH FL 32114

Mailing Address

1311 BIRD AVENUE  
DAYTONA BEACH FL 32114



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/13/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2643023
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	
24	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOOE, FRANKLIN W  
1311 BIRD AVENUE  
DAYTONA BEACH FL 32114

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, ROGER	1.2 NAME	
STREET ADDRESS	868 PINE FOREST TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUETT, KATHLEEN	2.2 NAME	
STREET ADDRESS	741 HALIFAX DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLHOIT, MARILYN	3.2 NAME	
STREET ADDRESS	1617 CRESCENT RIDGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLHOIT, MARILYN	4.2 NAME	
STREET ADDRESS	1617 CRESCENT RIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOOE, FRANKLIN	5.2 NAME	
STREET ADDRESS	1311 BIRD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-99

CR2E037 (1/98)

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