

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90061 025 *****70.00

0008885

DOCUMENT # N09238

1. Entity 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

00040671



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

533 N. Nova Road

3. Mailing Address

533 N. Nova Road

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

4. FEI Number

59-2643023

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOOE, FRANKLIN W
1311 BIRD AVENUE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Franklin W. Nooe

Street Address (P.O. Box Number is Not Acceptable)

533 North Nova Road

Suite 202

City

Ormond Beach

FL

Zip Code

32174

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.

SIGNATURE Franklin W. Nooe, Executive Director

4-18-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CAMPBELL, ROGER 868 PINE FOREST TRAIL PORT ORANGE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PRUETT, KATHLEEN 741 HALIFAX DRIVE ORMOND BEACH FL 32176 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WILLHOIT, MARILYN 1617 CRESCENT RIDGE ROAD DAYTONA BEACH FL 32118 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WILLHOIT, MARILYN 1617 CRESCENT RIDGE ROAD DAYTONA BEACH FL 32118 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NOOE, FRANKLIN 1311 BIRD AVENUE DAYTONA BEACH FL 32114 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 exemption stated in Section 119.07(3)(i), 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: Franklin W. Nooe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01 (386)672-9911

Date

Daytime Phone #

CR2E037 (10/00)