

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90088 015 ****70.00

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|--|---|---|--|---|--|
| DOCUMENT # N09238 1. Entity Name RAPE CRISIS CENTER OF VOLUSIA COUNTY, INC. | | | | | |
| Principal Place of Business 240 N. FREDERICK AVE SUITE A DAYTONA BEACH, FL 32114 | | | Mailing Address 240 N. FREDERICK AVE SUITE A DAYTONA BEACH, FL 32114 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-2643023 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BROWN, DEBORAH J 240 N. FREDERICK AVE SUITE A DAYTONA BEACH, FL 32114 | | | | 7. Name and Address of New Registered Agent Name RENEE GAHAGAN Street Address (P.O. Box Number is Not Acceptable) 240 N. FREDERICK AVENUE SUITE A City DAYTONA BEACH FL Zip Code 32114 | |
| 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 DATE 1-16-04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | VP PEPPIN, VICKY 1001 JUSTICE LANE BUNNELL, FL 32100 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROBIN KING 105 TARRAGONA WAY DAYTONA BEACH, FL 32114 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DAVENPORT, CHRISTINE 28 SILVER FOX TRAIL ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SUE HALE 2041 AVOCAO DRIVE PORT ORANGE, FL 32128 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HILSENBECK, LAURA PO BOX 291214 PORT ORANGE, FL 32129 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DENISE BRENNEMAN P.O. BOX 593 NEW SMYRNA BEACH, FL 32169 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRENNEMAN, DENISE PO BOX 593 NEW SMYRNA BEACH, FL 32169 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RENEE GAHAGAN 2204-B S. PENINSULA DRIVE DAYTONA BEACH, FL 32118 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRD GAHAGAN, RENEE 2204B S. PENINSULA DR. DAYTONA BEACH, FL 32119 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RENEE GAHAGAN 2204-B S. PENINSULA DRIVE DAYTONA BEACH, FL 32118 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUGER, JAMES 935 SYCAMORE STREET DAYTONA BEACH, FL 32114 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUGER, JAMES 935 SYCAMORE STREET DAYTONA BEACH, FL 32114 | <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: DATE 1-16-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |