

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0001201

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2643023**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERS, SHANNON  
240 N. FREDERICK AVE  
SUITE A  
DAYTONA BEACH FL 32114**

Name

**Deborah J Brown**

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

**240 N. Frederick Ave**

Suite, Apt. #, etc.

**Sle 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

*Deborah J Brown*

**Deborah J. Brown**

**4/29/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CORBETT, ROBIN 1008 SOUTH PENINSULA DRIVE DAYTONA BEACH FL 32118</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVENPORT, CHRISTINE 28 SILVER FOX TRAIL ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WILHOIT, MARILYN 240 N. FREDERICK AVE, SUITE A DAYTONA BEACH FL 32114</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TONEY, AVIA 1096 CLUBHOUSE BLVD NEW SMYRNA BEACH FL 32138</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD PETERS, SHANNON 240 N. FREDERICK AVE, SUITE A DAYTONA BEACH FL 32114</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUGER, JAMES 935 SYCAMORE STREET DAYTONA BEACH FL 32114</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Vicky Peppin 1001 Justice Lane Bunnell, FL 32100</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Laura Hilsenbeck P.O. Box 291214 Port Orange, FL 32129</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Denise Breneman Director P.O. Box 593 New Smyrna Beach, FL 32169</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Director Renee Gahagan 2204 B S. Peninsula Dr Daytona Beach, FL 32119</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Fran Gordon 330 North St. Daytona Beach, FL 32114</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

*Deborah J Brown*

**4/29/03 386)252-5050**

CR2E037 (10/02)