FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31910 (5)

1. Corporation Name

THE AIDS COALITION OF VOLUSIA/FLAGLER COUNTY, IN C.

Principal Place of Business	Mailing Address
240 FREDERICK AVE STE C DAYTONA BCH FL 32114 US	C/O MARIAN D. HARTSFIELD 655 N. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1989
3a. Date of Last Report: 04/01/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26 3800 Woodbriar Trail
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Port Orange, Fl.
Zip 24 / Country 25	Zip 29 32119 / Country 30 US

9. Name and Address of Current Registered Agent

~~HARTSFIELD, MARIAN D.~~
~~655 N. CLYDE MORRIS BLVD.~~
~~DAYTONA BEACH FL 32114~~
3800 Woodbriar Tr.
Daytona Beach, Fl.
32119

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Marian D Hartsfield, President 3-23-95
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	DV	1.1 TITLE	President P	☐ Change ☐ Addition
NAME	O'NEAL, SANDI	1.2 NAME	Marian D. Hartsfield	
STREET ADDRESS	3112 SUNDANCE TR	1.3 STREET ADDRESS	3800 Woodbriar Trail	
CITY-ST-ZIP	NEW SMYRNA BCH FL	1.4 CITY-ST-ZIP	Port Orange, Fl. 32119	
TITLE	S	2.1 TITLE D	Chairman of Board	☑ Change ☑ Addition
NAME	WASSEM, SUT	2.2 NAME	Sue Wassem DC	
STREET ADDRESS	199 N. TIMBERLANE DRIVE	2.3 STREET ADDRESS	199 N Timberlane Dr.	
CITY-ST-ZIP	NSB FL	2.4 CITY-ST-ZIP	NSB, FL.	
TITLE	DP	3.1 TITLE D	Vice-Chairman DV	☑ Change ☑ Addition
NAME	HARTSFIELD, MARIAN	3.2 NAME	William Beebe	
STREET ADDRESS	655 N. CLYDE MORRIS BLVD	3.3 STREET ADDRESS	303 N. Clyde Morris Blvd	
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	Daytona Beach, Fl. 32114	
TITLE	DT	4.1 TITLE D	Secretary DS	☑ Change ☑ Addition
NAME	TROVATO, ANTHONY	4.2 NAME	Joyce Heath	
STREET ADDRESS	111 N. FEDERICK, SUITE 300	4.3 STREET ADDRESS	119 S Palmetto	
CITY-ST-ZIP	DAYTONA FL	4.4 CITY-ST-ZIP	Daytona Beach, Fl. 32114	
TITLE		5.1 TITLE D	Treasurer DT	☒ Change ☐ Addition
NAME		5.2 NAME	Christina Harrington	
STREET ADDRESS		5.3 STREET ADDRESS	3800 Woodbriar Tr.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Port Orange, Fl. 32119	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Marian D. Hartsfield Marian D Hartsfield 3-23-95 904-3224701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033303