

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

**3800 WOODBRIAR TRAIL
~~665 N. CLYDE MORRIS BLVD.~~
PORT ORANGE FL 32119
US**

3. Date Incorporated or Qualified

04/25/1989

3a. Date of Last Report

04/26/1995

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**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HARTSFIELD, MARIAN D.
3800 WOODBRIAR TR.
DAYTONA BEACH FL 32119**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Marian D. Hartsfield

(NOTE: Registered Agent signature required when reinstating)

2-19-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **HARTSFIELD, MARIAN D.**
CITY-ST-ZIP **3800 WOODBRIAR TRAIL**
PORT ORANGE FL

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **WASSEM, SUE**
CITY-ST-ZIP **199 N. TIMBERLANE DRIVE**
NSB FL

TITLE ☐ DELETE
NAME **VCDV**
STREET ADDRESS **BEEBE, WILLIAM**
CITY-ST-ZIP **303 N. CLYDE MORRIS BLVD**
DAYTONA BEACH FL

TITLE ☒ DELETE
NAME **DDS**
STREET ADDRESS **HEATH, JOYCE**
CITY-ST-ZIP **119 S. PALMETTO**
DAYTONA BEACH FL

TITLE ☐ DELETE
NAME **DDT**
STREET ADDRESS **HARRINGTON, CHRISTINA**
CITY-ST-ZIP **3800 WOODBRIAR TR.**
PORT ORANGE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

DDS
Ed Marusa
Lockeel Martin
1942 Teton Lane
Daytona Beach, FL 32124

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96 **904-322-4738**
Date Daytime Phone #

CR2E037 (12/95)