

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90091 005 ****61.25

DOCUMENT # N31910

1. Corporation Name

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

Principal Place of Business

240 FREDERICK AVE
STE C
DAYTONA BCH FL 32114
US

Mailing Address

240 N FREDERICK AVE
STE E
DAYTONA BEACH FL 32114
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/25/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARTSFIELD, MARIAN D.
240 N FREDERICK AVE
STE E
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name SUSAN S. HUTCHINS
82 Street Address (P.O. Box Number is Not Acceptable)
240 N. FREDERICK AVE
83 SUITE E
84 City DAYTONA BEACH FL 85 Zip Code 32114

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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HARTSFIELD, MARIAN D.	
STREET ADDRESS	240 N FREDERICK AVE STE E	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	BEEBE, WILLIAM	
STREET ADDRESS	303 CLYDE MORRIS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VCDV	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, DOROTHY	
STREET ADDRESS	173 LINDENWOOD CIR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DDS	<input checked="" type="checkbox"/> DELETE
NAME	MARUSA, ED	
STREET ADDRESS	LOCKEEL MARTIN, 1942 TETON LANE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DDT	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, THOMAS	
STREET ADDRESS	1901 MASON AVE, #110	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUSAN S. HUTCHINS
1.3 STREET ADDRESS	240 N. FREDERICK AVE SUITE E
1.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARY, LUCAS
2.3 STREET ADDRESS	39 S. HOLLYWOOD BLVD
2.4 CITY-ST-ZIP	DAYTONA BEACH FL 32118
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDWARD MARUSA
3.3 STREET ADDRESS	1942 TETON LANE
3.4 CITY-ST-ZIP	DAYTONA BEACH FL 32124
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ISAAC BROWN
5.3 STREET ADDRESS	435 RIDGEWOOD AVE SUITE 203
5.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE *[Signature]* SUSAN S. HUTCHINS 4/12/99 904-252-3032
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)