2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# N31910

Entity Name: THE AIDS COALITION OF VOLUSIA/FLAGLER COUNTY, INC.

Current Principal Place of Business:

240 FREDERICK AVE
STE B
DAYTONA BCH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

240 N FREDERICK AVE
STE B
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2986249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHINS, SUSAN S
240 N FREDERICK AVE
STE B
DAYTONA BEACH, FL 32114

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HUTCHINS, SUSAN S	
Address:	240 N FREDERICK AVE STE B	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	DC	( ) Delete
Name:	CARNEY, LYNN	
Address:	18 WEYANOKE LANE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	DVC	( ) Delete
Name:	VITALE, TOM	
Address:	525 N. HALIFAX AVE. APT. #1	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	DT	( ) Delete
Name:	CLARY, JERRY ELLEN	
Address:	414 JESSAMINE BLVD.	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	RONE, SARAH	
Address:	P.O. BOX 10113	
City-St-Zip:	DAYTONA BEACH, FL 32120	
Title:	DS	( ) Change (X) Addition
Name:	SESSOMS, VIVIAN	
Address:	328 WEAVER ST.	
City-St-Zip:	DAYTONA BEACH, FL 32114	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN S. HUTCHINS P 04/16/2004

Electronic Signature of Signing Officer or Director — Date