


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <i>Sandra B. Jensen</i> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004364 (3)**

1. Corporation Name

**VOLUSIA ASSOCIATION FOR HEALTH AND SOCIAL SERVICES, INC.**



Principal Place of Business	Mailing Address
POST OFFICE BOX 363 DAYTONA BEACH FL 32115	POST OFFICE BOX 363 DAYTONA BEACH FL 32115-0363

3. Date Incorporated or Qualified <b>08/19/1996</b>	3a. Date of Last Report <b>N/A</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3414634</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 Country	25 Country	29 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THIFALT, GREGORY C**  
**1420 NEW BELLEVUE AVE. STE 1011**  
**DAYTONA BEACH FL 32114**

81 Name <b>DEAN, DIANA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>585 DALEY ST.</b>
83
84 City <b>ORANGE CITY</b>
85 Zip Code <b>FL 32763</b>

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: *Diana Dean* DATE: **3/13/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIFALT, GREGORY C	1.2 NAME	
STREET ADDRESS	1420 NEW BLLEVUE AVE. STE 1011	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, DIANA	2.2 NAME	
STREET ADDRESS	585 DALEY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSTON, JENNIFER	3.2 NAME	
STREET ADDRESS	1335 FLEMING STREET STE 4	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Ashley Moore Reidinger
STREET ADDRESS		4.3 STREET ADDRESS	5479 Landis Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pt. Orange FL 32127
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Sharon Yates
STREET ADDRESS		5.3 STREET ADDRESS	3255 S. Atlantic Ave #603
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Daytona Beach Shores FL 32118
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Diana Dean* DATE: **3/13/97** (904) 761-9102

CR2E037 (9/96)