

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000838

**FILED**  
**Feb 16, 2015**  
**Secretary of State**  
**CC7641171539**

**Entity Name:** VOLUSIA INTERFAITHS AGENCIES NETWORKING IN DISASTER INC.

**Current Principal Place of Business:**

326 S. PALMETTO AVE  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

P.O. BOX 9364  
DAYTONA BEACH, FL 32120

**FEI Number: 59-3721382**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TROXLER, DAVID  
326 SOUTH PALMETTO AVE  
DAYTONA BEACH, FL 32114 US

*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

**Officer/Director Detail :**

Title PD  
Name TROXLER, DAVID  
Address 326 S. PALMETTO AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

Title VD  
Name COURTNEY, CARRIE MS  
Address 136 WEST GARDENIA DR.  
City-State-Zip: ORANGE CITY FL 32763

Title TD  
Name ARVA, CAMPBELL  
Address 188 TUSCANY BEND ST.  
City-State-Zip: DAYTONA BEACH FL 32130

*I hereby 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 all other like empowered.*

SIGNATURE: DAVID TROXLER

PRESIDENT

02/16/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date