

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:22

DOCUMENT # 749770 (4)
1. Corporation Name
VOLUSIA COMMUNITY CARE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1220 WILLIS AVENUE 1220 WILLIS AVENUE
DAYTONA BEACH FL 32114-2810 DAYTONA BEACH FL 32114-2810

3. Date Incorporated or Qualified 11/13/1979
3a. Date of Last Report 03/28/1994
4. FEI Number 59-2187337
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
COBLE, KERMIT J.
1025 VOLUSIA AVE.
DAYTONA BEACH FL 32015

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0562 and 607.0608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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 607.0507, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 2-28-95
Signature, in ink or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATTERSON, PAT
STREET ADDRESS	1000 S RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BCH FL
TITLE	PD
NAME	FLYNT, LIZZIE
STREET ADDRESS	808 S MARTIN LUTHER KING
CITY-ST-ZIP	DAYTONA BCH FL
TITLE	D
NAME	LAROSA, PETER
STREET ADDRESS	1025 WHIPPOORWILL LANE
CITY-ST-ZIP	DELAND FL
TITLE	VPD
NAME	HILLS, RICHARD, REVEREND
STREET ADDRESS	BOX 1171
CITY-ST-ZIP	PORT ORANGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mrs. Lucille Bornmann	
1.3 STREET ADDRESS	524 Faulkner Street	
1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32160	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MR. William Attick	
5.3 STREET ADDRESS	1308 Peachtree Road	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 attached card with an address.

SIGNATURE: *[Signature]* DATE: 2-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR