

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766212 (5)

1. Corporation Name
W.O.R.C. HAVEN, INC.



Principal Place of Business: 1090 JIMMY ANN DR DAYTONA BEACH FL 32117-1591
Mailing Address: 1090 JIMMY ANN DR DAYTONA BEACH FL 32117-1591

3. Date Incorporated or Qualified: 12/21/1982
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, and Zip/Country.

4. FEI Number: 59-2274454
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ROSS, RANDY R.
1100 JIMMY ANN DRIVE
DAYTONA BEACH FL 32117

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0602 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DENIGHT, WILLIAM	
STREET ADDRESS	1420 N. ATLANTIC AVE.	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMAS, NANCY	
STREET ADDRESS	1946 SECOND ST	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COLLINS, ANN	
STREET ADDRESS	2249 OLD DIXIE HWY	
CITY - ST - ZIP	SOUTH DAYTONA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EPISCOPO, MICHAEL	
STREET ADDRESS	128 GRANADA STREET	
CITY - ST - ZIP	HOLLY HILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 119.07(3)(k), 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: _____ Date: 2-29-96 Daytime Phone #: _____

CR2E037 (12/95)