

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 07 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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	Mailing Address
1090 JIMMY ANN DR DAYTONA BEACH FL 32117-1591	1090 JIMMY ANN DR DAYTONA BEACH FL 32117-4591

3. Date Incorporated or Qualified <b>12/21/1982</b>	3a. Date of Last Report <b>03/13/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2274454</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ROSS, RANDY R. 1100 JIMMY ANN DRIVE DAYTONA BEACH FL 32117</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DENIGHT, WILLIAM</b>	1.2 NAME	<b>Thomas, Nancy</b>
STREET ADDRESS	<b>1420 N. ATLANTIC AVE.</b>	1.3 STREET ADDRESS	<b>1946 Second Street</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>	1.4 CITY - ST - ZIP	<b>South Daytona, FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS, NANCY</b>	2.2 NAME	<b>Collins, Ann</b>
STREET ADDRESS	<b>1946 SECOND ST</b>	2.3 STREET ADDRESS	<b>2249 Old Dixie Highway</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>	2.4 CITY - ST - ZIP	<b>Daytona Beach, FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COLLINS, ANN</b>	3.2 NAME	<b>Flavio, Charles</b>
STREET ADDRESS	<b>2249 OLD DIXIE HWY</b>	3.3 STREET ADDRESS	<b>One Winding Creek Way</b>
CITY - ST - ZIP	<b>SOUTH DAYTONA FL</b>	3.4 CITY - ST - ZIP	<b>Ormond Beach, FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EPISCOPO, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>128 GRANADA STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLY HILL FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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: *Michael J. Episcopo* Michael J. Episcopo, Treasurer (904)274-5118

CR2E037 (9/96)