

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
12/21/1982

3a. Date of Last Report
03/13/1996

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

4. FEI Number
59-2274454

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

ROSS, RANDY R.
1100 JIMMY ANN DRIVE
DAYTONA BEACH FL 32117

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME DENIGHT, WILLIAM
STREET ADDRESS 1420 N. ATLANTIC AVE.
CITY - ST - ZIP DAYTONA BEACH FL

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Thomas, Nancy
1.3 STREET ADDRESS 1946 Second Street
1.4 CITY - ST - ZIP South Daytona, FL

TITLE VD ☒ DELETE
NAME THOMAS, NANCY
STREET ADDRESS 1946 SECOND ST
CITY - ST - ZIP DAYTONA BEACH FL

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Collins, Ann
2.3 STREET ADDRESS 2249 Old Dixie Highway
2.4 CITY - ST - ZIP Daytona Beach, FL

TITLE SD ☒ DELETE
NAME COLLINS, ANN
STREET ADDRESS 2249 OLD DIXIE HWY
CITY - ST - ZIP SOUTH DAYTONA FL

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Flavio, Charles
3.3 STREET ADDRESS One Winding Creek Way
3.4 CITY - ST - ZIP Ormond Beach, FL

TITLE TD ☐ DELETE
NAME EPISCOPO, MICHAEL
STREET ADDRESS 128 GRANADA STREET
CITY - ST - ZIP HOLLY HILL FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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)