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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 766212

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/21/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2274454	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, NANCY	1.2 NAME	Collins, Ann
STREET ADDRESS	1946 SECOND ST.	1.3 STREET ADDRESS	2249 Old Dixie Hwy
CITY-ST-ZIP	SOUTH DAYTONA FL	1.4 CITY-ST-ZIP	Daytona Beach, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, ANN	2.2 NAME	Flavio, Charles
STREET ADDRESS	2249 OLD DIXIE HWY	2.3 STREET ADDRESS	One Winding Creek Way
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	Ormond Beach, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLAVIO, CHARLES	3.2 NAME	Allen, Carol
STREET ADDRESS	ONE WINDING CREEK WAY	3.3 STREET ADDRESS	608 John Anderson Drive
CITY-ST-ZIP	ORMOND BCH FL	3.4 CITY-ST-ZIP	Ormond Beach, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPISCOPO, MICHAEL	4.2 NAME	Olsen, Harry
STREET ADDRESS	128 GRANADA STREET	4.3 STREET ADDRESS	1005 N. Kepler Road
CITY-ST-ZIP	HOLLY HILL FL	4.4 CITY-ST-ZIP	De Land, FL
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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 2/25/99 _____
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)