

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90235 022 ****70.00

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/21/1982

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

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 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

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

Date

Daytime Phone #

CR2E037 (11/98)