

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766212

Entity Name: W.O.R.C. HAVEN, INC.

FILED
Feb 06, 2004
Secretary of State**Current Principal Place of Business:**1090 JIMMY ANN DR
DAYTONA BEACH, FL 321171591**New Principal Place of Business:****Current Mailing Address:**1090 JIMMY ANN DR
DAYTONA BEACH, FL 321171591**New Mailing Address:**

FEI Number: 59-2274454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CORLISS, IRA D
1100 JIMMY ANN DRIVE
DAYTONA BEACH, FL 32117 US**Name and Address of New Registered Agent:**POLLACK, BARRY
1100 JIMMY ANN DRIVE
DAYTONA BEACH, FL 32117 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARRY POLLACK

02/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: LANE, JUDITH
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117 USTitle: VD () Delete
Name: COBB, SHERI
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114Title: SD () Delete
Name: KNEEBEL, MICHAEL
Address: 10 SOCO TRAIL
City-St-Zip: ORMOND BEACH, FL 32174Title: TD () Delete
Name: HARRIS, MERLE
Address: 7 APPALOOSA TRAIL
City-St-Zip: ORMOND BEACH, FL 32174Title: CFO () Delete
Name: CARMICHAEL, RICHARD
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117Title: CEO () Delete
Name: CORLISS, IRA
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: CEO (X) Change () Addition
Name: POLLACK, BARRY
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY POLLACK

MR

02/06/2004

Electronic Signature of Signing Officer or Director

Date