

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 766212

FILED
Oct 05, 2006
Secretary of State

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

Current Principal Place of Business:

1090 JIMMY ANN DR
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

1090 JIMMY ANN DR
DAYTONA BEACH, FL 32117 US

New Mailing Address:

FEI Number: 59-2274454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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 S. POLLACK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PARK, LISA
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: PD () Delete
Name: COBB, SHERI
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VD () Delete
Name: KNAEBEL, MICHAEL
Address: 10 SOCO TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: HELLER, KIM
Address: 1100 JIMMY ANN DR.
City-St-Zip: DAYTONA BEACH, FL 32117 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ERTL, CHRISTENE
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: PD (X) Change () Addition
Name: KNAEBEL, MICHAEL
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VD (X) Change () Addition
Name: WALLACE, BERTRAN
Address: 1100 JIMMY ANN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: TD (X) Change () Addition
Name: SIDOR, STAN
Address: 1100 JIMMY ANN DR.
City-St-Zip: DAYTONA BEACH, FL 32117 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 S POLLACK

CEO

10/05/2006

Electronic Signature of Signing Officer or Director

Date