

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766212

FILED  
Jan 14, 2009  
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 ( )

**Name and Address of Current Registered Agent:**

POLLACK, BARRY  
1100 JIMMY ANN DRIVE  
DAYTONA BEACH, FL 32117 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

PRES

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date