

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 26, 2004
Secretary of State**

DOCUMENT# N03000009343

Entity Name: VOLUSIA CITIZENS WHO CARE, INC.

Current Principal Place of Business:

1081 N US HWY 1
ORMOND BCH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1081 N US HWY 1
ORMOND BCH, FL 32174

New Mailing Address:

FEI Number: 01-0800634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERRON, MARK
215 S MONROE ST STE 701
TALLAHASSEE, FL 323011858 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: D () Delete
Name: BLAWN, THOMAS
Address: 1081 N US HWY 1
City-St-Zip: ORMOND BCH, FL 32174

Title: D () Delete
Name: THOR, JOHN
Address: 3624 W US 92
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: TOAL, MARK
Address: 529 N TONGE ST
City-St-Zip: ORMOND BCH, FL 32174

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:

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: THOMAS BLAWN

D

02/26/2004

Electronic Signature of Signing Officer or Director

_____ Date