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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716013 (8)

1. Corporation Name

WORK ORIENTED REHABILITATION CENTER, INC.



Principal Place of Business

Mailing Address

1100 JIMMY ANN DR
DAYTONA BCH FL 32117
US

PO BOX 927
DAYTONA BCH FL 32115-0927
US

3. Date Incorporated or Qualified
02/07/1969

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
23-7026771

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, RANDY R.
1100 JIMMY ANN DR
DAYTONA BCH FL 32117

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

Randy R. Ross

Signature of current registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Vice President - D Change Addition

NAME COLLINS, ANN
STREET ADDRESS 2990 S. ATLANTIC AVE.
CITY - ST - ZIP DAYTONA BEACH SHORE FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DELETE

2.1 TITLE President - D Change Addition

NAME THOMAS, NANCY
STREET ADDRESS 1946 SECOND STR
CITY - ST - ZIP SO DAYTONA FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME EPISCOPO, MICHAEL
STREET ADDRESS 128 GRANADA STR
CITY - ST - ZIP HOLLY HILL FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME DENIGHT, BILL
STREET ADDRESS 1420 N. ATLANTIC AVE
CITY - ST - ZIP DAYTONA BCH. FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE

5.1 TITLE Secretary - D Change Addition

NAME Charles Flavio
STREET ADDRESS One Winding Creek Way
CITY - ST - ZIP Ormond Beach, FL 32174

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Nancy Thomas

Nancy Thomas

2/6/97

904-274-5118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (9/96)