

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749770

Entity Name: VOLUSIA COMMUNITY CARE, INC.

FILED  
Mar 18, 2004  
Secretary of State

**Current Principal Place of Business:**

1220 WILLIS AVENUE  
DAYTONA BEACH, FL 321142810

**New Principal Place of Business:**

**Current Mailing Address:**

1220 WILLIS AVENUE  
DAYTONA BEACH, FL 321142810

**New Mailing Address:**

FEI Number: 59-2187337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCOTT, SIMPSON  
595 W. GRANADA BOULEVARD, SUITE A  
ORMOND BEACH, FL 32174 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: VD ( ) Delete  
Name: CRANE, CHERYL C  
Address: P.O. BOX 5176  
City-St-Zip: ORMOND BEACH, FL 32175

Title: PD ( ) Delete  
Name: VAUGHEN, DANIEL  
Address: P.O. BOX 364  
City-St-Zip: DELAND, FL 32721

Title: D ( ) Delete  
Name: ELDER, LESLIE  
Address: P.O. BOX 353527  
City-St-Zip: PALM COAST, FL 32135

Title: D ( ) Delete  
Name: DIXON, JACK  
Address: 269 WESTHAMPTON DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: KELLY, THOMAS  
Address: 89 S. ATLANTIC AVENUE, #1004  
City-St-Zip: ORMOND BEACH, FL 32176

**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: D (X) Change ( ) Addition  
Name: SPENCER, MARY  
Address: 513 RIVERVIEW BOULEVARD  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D (X) Change ( ) Addition  
Name: ZEIDWIG, DIANE  
Address: 324 E. CHURCH STREET  
City-St-Zip: DELAND, FL 32720

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: CHERYL CRANE

D

03/18/2004

Electronic Signature of Signing Officer or Director

Date