

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008581

FILED
Jul 02, 2004
Secretary of State**Entity Name:** A WOMAN'S TOUCH IN HEALTH CARE, INC.**Current Principal Place of Business:**119 W PLYMOUTH AVE
DELAND, FL 32720**New Principal Place of Business:****Current Mailing Address:**119 W PLYMOUTH AVE
DELAND, FL 32720**New Mailing Address:****FEI Number:** 43-1991154**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VAUGHAN, DANIEL R
1485 PERIWINKLE DRIVE
DELAND, FL 32724**Name and Address of New Registered Agent:**VAUGHEN, DANIEL R
1485 PERIWINKLE DRIVE
DELAND, FL 32724

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: DANIEL R. VAUGHEN

07/02/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THORTON, CINDY
Address: 149 ROSEWOOD AVE
City-St-Zip: ORMOND BEACH, FL 321745524

Title: D () Delete
Name: RAE, GUENEVERE
Address: 716 W ARIZONA AVE
City-St-Zip: DELAND, FL 327204061

Title: D () Delete
Name: SKELTON, MICHELE S
Address: 716 W ARIZONA AVE
City-St-Zip: DELAND, FL 327204061

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MIERAS, EMILY PHD
Address: 412 N. WOODLAND BLVD. #8262
City-St-Zip: DELAND, FL 32720 US

Title: O, D (X) Change () Addition
Name: RAE, GUENEVERE
Address: 716 W ARIZONA AVE
City-St-Zip: DELAND, FL 327204061 US

Title: O, D (X) Change () Addition
Name: SKELTON, MICHELE S PHD
Address: 716 W ARIZONA AVE
City-St-Zip: DELAND, FL 327204061 US

Title: D, () Change (X) Addition
Name: LATCHAW, KIM
Address: 4511 SUE ST.
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: D () Change (X) Addition
Name: FOGLE, ALICE
Address: 217 E. PLYMOUTH AVE.
City-St-Zip: DELAND, FL 32720 US

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: MICHELE S. SKELTON PHD

O, D

07/02/2004

Electronic Signature of Signing Officer or Director

Date