

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008581

FILED  
Mar 12, 2005  
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:**

VAUGHEN, DANIEL R  
1485 PERIWINKLE DRIVE  
DELAND, FL 32724 US

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

VAUGHEN, DANIEL R ESQUIRE  
1485 PERIWINKLE DRIVE  
DELAND, FL 32724 US

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, ESQUIRE

03/12/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

**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: O,D (X) Change ( ) Addition  
Name: FOGLE, ALICE ESQUIRE  
Address: 550 E. PLYMOUTH AVE.  
City-St-Zip: DELAND, FL 32724 US

Title: D (X) Change ( ) Addition  
Name: BRUCKLACHER, ANN  
Address: 325 N. ADELLE AVE  
City-St-Zip: DELAND, FL 32720 US

Title: O, D ( ) Change (X) Addition  
Name: HALE, MARGIE PHD  
Address: 615 TRENTIA ANN LANE  
City-St-Zip: ORANGE CITY, FL 32763

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 SKELTON, PHD

O, D

03/12/2005

Electronic Signature of Signing Officer or Director

Date