

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90504 014 ****61.25

DOCUMENT # N02000008581

1. Entity Name

A WOMAN'S TOUCH IN HEALTH CARE, INC.



Principal Place of Business

**1485 PERIWINKLE DRIVE
DELAND FL 32724**

Mailing Address

**1485 PERIWINKLE DRIVE
DELAND FL 32724**

2. Principal Place of Business

119 W. Plymouth Ave

Suite, Apt. #, etc.

3. Mailing Address

119 W. Plymouth Ave

Suite, Apt. #, etc.

80088537



☒ CHECK HERE IF MAKING CHANGES

City & State

DeLand FL

City & State

DeLand FL

4. FEI Number

43-1991154

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

32720

Country

USA

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

6. Name and Address of Current Registered Agent

**VAUGHAN, DANIEL R
1485 PERIWINKLE DRIVE
DELAND FL 32724**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BALO, DONNA H**
STREET ADDRESS **2970 ROGERS ROAD**
CITY-ST-ZIP **DELAND FL 32720-4526**

TITLE **D** ☒ Delete
NAME **VAUGHEN, SUSAN R**
STREET ADDRESS **1485 PERIWINKLE DRIVE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **D** ☐ Delete
NAME **THORTON, CINDY**
STREET ADDRESS **149 ROSEWOOD AVE**
CITY-ST-ZIP **ORMOND BEACH FL 32174-5524**

TITLE **D** ☐ Delete
NAME **RAE, GUENEVERE**
STREET ADDRESS **716 W ARIZONA AVE**
CITY-ST-ZIP **DELAND FL 32720-4061**

TITLE **D** ☐ Delete
NAME **SKELTON, MICHELE S**
STREET ADDRESS **716 W ARIZONA AVE**
CITY-ST-ZIP **DELAND FL 32720-4061**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 386 738 2584

Date

Driving Phone #

CR2E037 (10/02)