

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90156 028 \*\*\*\*61.25

**DOCUMENT # N03000002792**

1. Entity Name  
**DAUGHTERS OF VASHTI HEALING CONFERENCE INC.**



Principal Place of Business  
**6557 LEONA ST  
JACKSONVILLE, FL 32219 US**

Mailing Address  
**6557 LEONA ST  
JACKSONVILLE, FL 32219 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004

Chg-NP

CR2E037 (10/03)

4. EEI Number

**34-1991558**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LUCIO, ROSA MARY  
6542 LEONA STREET  
JACKSONVILLE, FL 32219**

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

Filing Fee is \$61.25  
Due by May 1, 2004

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 **P** ☐ Delete  
NAME **LUCIO, ROSA MARY**  
STREET ADDRESS **6542 LEONA STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 32219**

TITLE **D** ☐ Delete  
NAME **BYTHWOOD, VIRGINIA H**  
STREET ADDRESS **8627 SAMONA DR S**  
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **D** ☐ Delete  
NAME **SMITH, LORRAINE**  
STREET ADDRESS **1728 JOHNSON STREET**  
CITY-ST-ZIP **BRUNSWICK, GA 31525**

TITLE **D** ☐ Delete  
NAME **BOYKINS, MICHELE V**  
STREET ADDRESS **2958 ANTHUR COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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: **Rosa Mary Lucio Rosa Mary Lucio**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/04**  
Date

**904 765-6000**  
Florida Phone #