

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005935

FILED
Sep 09, 2004
Secretary of State**Entity Name:** VOC-DECISIONS, INC.**Current Principal Place of Business:**2128 DENNIS STREET
JACKSONVILLE, FL 32204**New Principal Place of Business:**4215 LORI DRIVE W.
JACKSONVILLE, FL 32207**Current Mailing Address:**4215 LORI DRIVE W.
JACKSONVILLE, FL 32207 US**New Mailing Address:****FEI Number:** 54-2132104**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BOUCARD, CAROLYN R
4215 LORI DRIVE W.
JACKSONVILLE, FL 32207 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: P () Delete
Name: BOUCARD, CAROLYN R
Address: 2128 DENNIS ST.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: S () Delete
Name: HAMILTON, LISA
Address: 2128 DENNIS ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: JACKSON, PEJAY
Address: 2128 DENNIS ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: BOUCARD, CAROLYN R
Address: 2128 DENNIS ST.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Delete
Name: BOUCARD, ABSOL
Address: 2128 DENNIS STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROLYN R. BOUCARD

P

09/09/2004

Electronic Signature of Signing Officer or Director

Date