

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05127 (8)**
1. Corporation Name
EPISCOPAL COUNSELING CENTER OF WEST VOLUSIA, INC



Principal Place of Business: 319 W WISCONSIN AVE DELAND FL 32720-4132
Mailing Address: 319 W WISCONSIN AVE DELAND FL 32720-4132

3. Date Incorporated or Qualified: **09/13/1984**
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business
21 **333 W. WISCONSIN AVE.**
22 Suite, Apt. #, etc.
23 City & State
24 Zip Country
25 Country
26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30 Country

4. FEI Number: **59-2988382**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
FOGLE, J DANA
217 E. PLYMOUTH
P. O. BOX 817
DELAND FL 32721-7817

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOOD, GEORGE	
STREET ADDRESS	145 SANDY BLUFF	
CITY-ST-ZIP	DELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	POWELL, EMOGENE	
STREET ADDRESS	721 N. BOSTON	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOGLE, DANA	
STREET ADDRESS	217 E. PLYMOUTH	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, JUNE	
STREET ADDRESS	924 VILLAGE GREEN RD.	
CITY-ST-ZIP	DELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUGHEY, JAKAY	
STREET ADDRESS	1830 ANCHOR AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIKES, CHRISTOPHER	
STREET ADDRESS	228B E. NEW YORK AVE	
CITY-ST-ZIP	DELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LYON, W. DONALD	
1.3 STREET ADDRESS	1628 BENT OAKS BLVD.	
1.4 CITY-ST-ZIP	DELAND FL 32724	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George W. Hood DATE: 4/15/96 (994) 724-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)