

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05127 (8)
1. Corporation Name
EPISCOPAL COUNSELING CENTER OF WEST VOLUSIA, INC



Principal Place of Business 333 W. WISCONSIN AVE DELAND FL 32720-4132 US	Mailing Address 319 W WISCONSIN AVE DELAND FL 32720-4132
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3. Date Incorporated or Qualified 09/13/1984	
4. FEI Number 59-2988382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
FL 85 Zip Code

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 reinstating) 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	PD	<input type="checkbox"/> DELETE
NAME	LYON, W. DONALD	
STREET ADDRESS	1628 BENT OAKS BLVD	
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	WADSWORTH, LYLE	
STREET ADDRESS	742 W PLYMOUTH AVE	
CITY-ST-ZIP	DELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 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: *Jakay Hughey* **FL** *Lyle Wadsworth* **3-2-98** (904) 734-1551

CFR2037 (10/97)