FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N05127

1. Corporation Name

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

EPISCOPAL COUNSELING CENTER OF WEST VOLUSIA, INC

Country

9. Name and Address of Current Registered Agent

Mailing Address	
319 W WISCONSIN AVE DELAND FL 32720-4132	
	319 W WISCONSIN AVE

26

27

28

29

Zip

Suite, Apt. #, etc.

City & State



03-24-1999 90080 001 ****61.25

|--|

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

09/13/1984

59-2988382

4. FEI Number

PUGLE, J DANA 217 E. PLYMOUTH P. O. BOX 817			82	82 Street Address (P.O. Box Number is Not Acceptable)						
			83				_	- · · · · ·		
DELAND FL 32721-7817			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 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO		D DIRECTO	DRS IN 12		
TITLE	VD	DELETE	1.1 TITLE		VD		Change	Addition		
NAME	HOOD, GEORGE		1.2 NAME		Tobal Welch ALAG	41 R-havi	-10-	0.4.4		
STREET ADDRESS	145 SANDY BLUFF		1.3 STREET	ADDRESS	1 Florida Dou Dri	or South	RAICEN	122		
CITY-ST-ZIP	DELAND FL		1.4 CITY-S1	-ZIP	John Welch, Alph 1 Florida Park Dri PALM CORST, FIA.	32037		(2)		
TITLE	TD	☐ DELETE	2.1 TITLE				Change	☐ Addition		
NAME	POWELL, EMOGENE		2.2 NAME					. (
STREET ADDRESS	721 N. BOSTON		2.3 STREET	ADDRESS	<u>-</u>			` .		
CITY-ST-ZIP	DELAND FL		2. 4 CITY-S	T-ZIP						
TITLE	D	☐ DELETE	3.1 TITLE				☐ Change	Addition		
NAME	FOGLE, DANA		3.2 NAME					ļ		
STREET ADDRESS	217 E. PLYMOUTH		3.3 STREET	address						
CITY-ST-ZIP	DELAND FL		3.4. CITY-S	-ZIP						
TTLE	PD	DELETE	4.1 TITLE			-	Change	Addition		
NAME	LYON, W. DONALD	i	4. 2 NAME		1					
STREET ADDRESS	1628 BENT OAKS BLVD		4.3 STREET	address	1			İ		
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST	-ZIP						
tmle	SD	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition		
NAME	HUGHEY, JAKAY		5.2 NAME					l		
STREET ADDRESS	1830 ANCHOR AVE		5.3 STREET	address	· ·					
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST	-ZIP				}		
TITLE	D	☐ DELETE	6.1 TITLE				Change	Addition		
NAME	WADSWORTH, LYLE		6.2 NAME					{		
STREET ADDRESS	742 W PLYMOUTH AVE		6.3 STREET	ADDRESS	1					
CITY-ST-ZIP	DELAND FL		6.4 CITY-ST	- Z7P	·					

Country

81 Name

30

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, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable