

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N05127**

1. Entity Name

**EPISCOPAL COUNSELING CENTER OF WEST VOLUSIA, INC**

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90075 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

333 W. WISCONSIN AVE  
 DELAND FL 32720-4132  
 US

319 W WISCONSIN AVE  
 DELAND FL 32720-4132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2988382**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOGLE, J DANA**  
**247 E. PLYMOUTH**  
**P.O. BOX 817**  
**DELAND FL 32721-7817**

Name

Street Address (P.O. Box Number is Not Acceptable)

**217 E. PLYMOUTH AVE.**  
**P.O. Box 24**

City

**Deland**

**FL**

Zip Code

**32721-0024**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	WELCH, JOHN	
STREET ADDRESS	1 FLORIDA PARK DR SOUTH STE 313	
CITY-ST-ZIP	PALM COAST FL 32037	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/00** (904) 736-8479  
 Date Daytime Phone #

CR2E037 (9/99)