


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N05127
 1. Entity 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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01272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2988382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LYON, DONALD W
 1628 RENT OAKS BLVD.
 DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HENDRICK, MARIE 1340 MCGREGOR ROAD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATTS, MARGARET 2130 FOXFIRE LANE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LYON, W. DONALD 1628 BENT OAKS BLVD DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUGHEY, JAKAY 1830 ANCHOR AVE DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIND, LORNA 1195 E. GLEN FALLS ROAD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD0000254959
 03/07/05-80096-004 61.25

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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: W. Donald Lyon 3/2/05 (386) 734-1811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #