


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
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
---	---



03162006 No Chg-NP CR2E037 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11070001477690 04/06/06-80061-009 61.25
---	---	--

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, MARGARETY 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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/20/06 (386)734-1814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #