

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 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



03082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number: 59-2988382 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

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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, 2007

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

10. OFFICERS AND DIRECTORS

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

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 03/28/07-80026-014 61.25

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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 W. DONALD LYON 3/14/07 (386)734-1814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #