


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90006 025 \*\*\*\*61.75

<b>DOCUMENT # N30280</b> 1. Entity Name <b>FAMILY CRISIS HELP CENTER INC.</b>					
Principal Place of Business <b>422 BETHUNE VILLAGE NEW SMYRNA BEACH, FL 32168 US</b>			Mailing Address <b>P.O. BOX 218 EDGEWATER, FL 32132</b>		
2. Principal Place of Business <b>1221 KENNEDY ROAD</b>		3. Mailing Address  			
Suite, Apt. #, etc. <b>APT # 41</b>		Suite, Apt. #, etc.  			
City & State <b>DAYTONA BEACH, FL</b>		City & State  			
Zip <b>32114</b>		Country <b>VOLUSIA</b>		Zip  	
Country  		4. FEI Number <b>59-2927652</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>PLUMMER-BUTLER, RUTH A 3040 LUKAS LANE EDGEWATER, FL 32132</b>				7. Name and Address of New Registered Agent Name <b>PLUMMER, RUTH A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>443 MISTY LANE</b> City <b>PORT ORANGE</b> <b>FL</b> Zip Code <b>32127</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	APD PLUMMER, RUTH A 422 BETHUNE VILLAGE DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	APD PLUMMER, RUTH A. 1221 KENNEDY ROAD DAYTONA BEACH, FL 32114
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARBOYS, VICKI 1811 SABLE PALM DRIVE EDGEWATER, FL 32132	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEDY, KEITH POST OFFICE BOX 10482 DAYTONA BEACH, FL 32120
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HYACHINTH, CHANDRA 408 MILFORD PLACE NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, NADINE 710 FLANDERS AVENUE DAYTONA BEACH, FL 32114
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILES, YORA 1217 CADILLAC DR DAYTONA BEACH, FL 32117	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JTM PELLETIER 1170 SOUTH PALMETTO DAYTONA BEACH, FL 32114
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>Ruth A. Plummer</i> <b>Ruth A. Plummer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>7-7-04</b> (386) 255-0108 <small>Daytime Phone #</small>	