

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90352 015 \*\*\*\*70.00

**DOCUMENT # N30280**

1. Entity Name  
**FAMILY CRISIS HELP CENTER INC.**



Principal Place of Business  
**500 CANAL ST  
SUITE-D  
NEW SMYRNA FL 32168  
US**

Mailing Address  
**P.O. BOX 216  
EDGEWATER FL 32132**

**33043731**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**922 Bethune Village**  
Suite, Apt. #, etc.

3. Mailing Address  
**(SAME AS ABOVE)**  
Suite, Apt. #, etc.

City & State  
**Daytona Bch FL**  
Zip  
**32168**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number **59-2927652**  
Applied For  
☐ Not Applicable

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

**PLUMMER-BUTLER, RUTH A  
3040 LUKAS LANE  
EDGEWATER FL 32132**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PLUMMER-BUTLER, RUTH A  
922 BETHUNE VILLAGE  
DAYTONA BEACH FL 32114** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
WARBOYS, VICKI  
1811 SABLE PALM DRIVE  
EDGEWATER FL 32132** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BARETTA, LINDA  
1819 JUNIPER DRIVE  
EDGEWATER FL 32141** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
NORA miles  
1217 Cassia Ave. Dr.  
Daytona Bch FL 32117** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Acting PD  
Plummer, Ruth A.  
922 Bethune Village  
Daytona Bch FL 32114** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
Chandra Smith  
408 Milford Place  
New Smyrna Bch FL 32168** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: **Ruth A. Plummer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/03**  
Date

Daytime Phone #

CR2E037 (10/02)