

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000455 (2)**

1. Corporation Name

**WEST VOLUSIA COMMUNITY CHARITIES, INC.**



Principal Place of Business <b>1119 OUTLOOK DRIVE DELTONA FL 32725</b>		Mailing Address <b>1119 OUTLOOK DRIVE DELTONA FL 32725</b>		3. Date Incorporated or Qualified <b>01/22/1997</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3430399</b>	
22 City & State <b>23</b>		27 City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>25</b> Country		29 Zip <b>30</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>DOWELS, GUS 1119 OUTLOOK DRIVE DELTONA FL 32725</b>		10. Name and Address of New Registered Agent			
		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City <b>FL</b> <b>85</b> Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.					

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOWELS, GUS</b>	1.2 NAME	
STREET ADDRESS	<b>1119 OUTLOOK DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOUNTAIN, FRANK</b>	2.2 NAME	
STREET ADDRESS	<b>3041 BOND STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTON FL 32725</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>2889 COTTAGEVILLE STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTON FL 32725</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMP, HUBERT E DR.</b>	4.2 NAME	
STREET ADDRESS	<b>1426 DRYSDALE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STARK, DENNIS</b>	5.2 NAME	
STREET ADDRESS	<b>800 DELTONA BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Franklin M. Fountain**

April 10, 1998 904-787-3254

CR2E037 (10/97)