

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05127

**Entity Name:** EPISCOPAL COUNSELING CENTER OF WEST VOLUSIA, INC.

**FILED**  
**Mar 18, 2015**  
**Secretary of State**  
**CC8018027681**

**Current Principal Place of Business:**

333 W. WISCONSIN AVE  
DELAND, FL 32720-4132

**Current Mailing Address:**

319 W WISCONSIN AVE  
DELAND, FL 32720-4132

**FEI Number: 59-2988382**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HENDRICK, MARIE E  
1340 MC GREGOR ROAD  
DELAND, FL 32720 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name HENDRICK, MARIE E  
Address 1340 MCGREGOR ROAD  
City-State-Zip: DELAND FL 32720

Title D  
Name WATTS, MARGARET  
Address 1013 MARJORIE RAWLINGS DRIVE  
City-State-Zip: DELAND FL 32720

Title PD  
Name GARRISON, BRIAN  
Address 212 BREVITY LANE  
City-State-Zip: DELAND FL 32724

Title D  
Name LIND, LORNA  
Address 1195 E. GLEN FALLS ROAD  
City-State-Zip: DELAND FL 32720

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARIE E. HENDRICK**

**TREASURER**

**03/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date