


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000000289**

1. Entity Name  
 100 DEPUTIES, 100 KIDS, INC.



Principal Place of Business  
 123 W. INDIANA AVE.  
 DELAND, FL 32720 US

Mailing Address  
 123 W. INDIANA AVE.  
 DELAND, FL 32720 US

**DO NOT WRITE IN THIS SPACE**



07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 59-3162330

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, JUDITH R  
 123 W INDIANA AVE  
 DELAND, FL 32721

**DO NOT WRITE IN THIS SPACE**

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 September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	EDWARDS, JUDITH R
STREET ADDRESS	123 W. INDIANA AVE.
CITY-ST-ZIP	DELAND, FL 32721
TITLE	D
NAME	VOSS, LORETTA
STREET ADDRESS	123 W. INDIANA AVE.
CITY-ST-ZIP	DELAND, FL 32721
TITLE	D
NAME	VANCINI, LYNDA
STREET ADDRESS	123 W. INDIANA AVE.
CITY-ST-ZIP	DELAND, FL 32721
TITLE	D
NAME	MORGAN, JIM
STREET ADDRESS	123 W INDIANA AVE
CITY-ST-ZIP	DELAND, FL 32721
TITLE	D
NAME	LEE, WILLIAM
STREET ADDRESS	123 W INDIANA AVE
CITY-ST-ZIP	DELAND, FL 32721
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000767136  
 07/06/07-80002-003 61.25

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:** *Judith R. Edwards* **7/2/07** **(386) 736-5961**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #