



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000000289 1. Entity Name 100 DEPUTIES, 100 KIDS, INC.	
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Principal Place of Business 123 W. INDIANA AVE. DELAND, FL 32720 US	Mailing Address 123 W. INDIANA AVE. DELAND, FL 32720 US
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DO NOT WRITE IN THIS SPACE



07032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3162330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDWARDS, JUDITH R 123 W INDIANA AVE DELAND, FL 32721
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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 _____ (NOTE: Registered Agent signature required when rehashing) _____ DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

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	

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1100000953548
 07/07/08-80002-016 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 7/3/08 (386) 736-5989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #