

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009539

FILED  
Jun 10, 2004  
Secretary of State

**Entity Name:** SMALL WORLD YOUTH SERVICES, INCORPORATED.

**Current Principal Place of Business:**

909 CASS STREET  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

909 CASS STREET  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 43-2040328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, LAVERNE  
909 CASS STREET  
DELAND, FL 32720

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WHITE, LAVERNE  
Address: 909 CASS STREET  
City-St-Zip: DELAND, FL 32720

Title: S ( ) Delete  
Name: PRESSLEY-RAND, NITA  
Address: 140 W. MICHIGAN AVE., APT 1  
City-St-Zip: DELAND, FL 32720

Title: T ( ) Delete  
Name: GAINES, AL  
Address: P.O. BOX 718  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: D ( ) Delete  
Name: CANNON, SHONDA  
Address: 811 W. CHELSEA ST  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: CUSAK, JOYCE  
Address: 224 N. WOODLAND BLVD  
City-St-Zip: DELAND, FL 32724

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAVERNE K. WHITE

PD

06/10/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date