

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009539

FILED
Oct 04, 2006
Secretary of State

Entity Name: SMALL WORLD YOUTH SERVICES, INCORPORATED.

Current Principal Place of Business:

230 N. STONE ST.
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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAVERNE, WHITE K
909 CASS STREET
DELAND, FL 32720 US

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: LAVERNE K. WHITE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MRS. () Delete
Name: WILSON, MARY F
Address: 424 W. HOWRY AV.
City-St-Zip: DELAND, FL 32720

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

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

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

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

Title: MS. () Delete
Name: WILLIAMS, SHIRLEY
Address: 1308 S. DELAWARE ST.
City-St-Zip: DELAND, FL 32720

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:

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 Chapter 119, 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

Electronic Signature of Signing Officer or Director

DIR

10/04/2006

Date