2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009539

FILED Apr 30, 2009 Secretary of State

Entity Name: SMALL WORLD YOUTH SERVICES, INCORPORATED.

Current Principal Place of Business: 260 EAST EUCLID AVENUE DELAND, FL 32720 Current Mailing Address: 909 CASS STREET DELAND, FL 32720 FEI Number: 43-2040328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desir Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAVERNE, WHITE K 909 CASS STREET DELAND, FL 32720 US The above named entity submits this statement for the purpose of changing its registered office or registered agen in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND D WILSON, MARY F Name: WILSON, MARY F Name: WILSON, MARY F Name: WILSON, MARY F Name: JOHNS, JEANHETTE NAME: NAME () Delete Name: JOHNS, JEANHETTE NAME: NAM		
Current Mailing Address: New Mailing Address: New Mailing Address: DELAND, FL 32720 FEI Number: 43-2040328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desir Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: LAVERNE, WHITE K 909 CASS STREET DELAND, FL 32720 US The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND D TItle: () Change () Addition Name: WLSON, MARY F Name: Address: () Delete Name: DAWSON, TODD CHANGES: () Delete Name: DAWSON, TODD Address: 901 N, AMELIA AV. () City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32730 City-St-Zip: DELAND, FL 32730 City-St-Zip: DELAND, FL 32730 City-St-Zi	New Principal Place of Business:	
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Name and Address of Current Registered Agent: LAVERNE, WHITE K 909 CASS STREET DELAND, FL 32720 US The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Upday 1		
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Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND D Title: MRS. () Delete Name: WILSON, MARY F Name: Address: 424 W. HOWRY AV. City-St-Zip: DELAND, FL 32720 Title: MS. () Delete Name: JOHNS, JEANETTE Address: 1831 TALMADGE Address: 1831 TALMADGE City-St-Zip: DELAND, FL 32724 Title: MR. () Delete Name: GAINES, AL Address: P.O. BOX 718 City-St-Zip: DELEON SPRINGS, FL 32130 Date ADDITIONS/CHANGES TO OFFICERS AND D Address: () Change () Addition Name: DAWSON, TODD Address: 901 N. AMELIA AV. City-St-Zip: DELAND, FL 32724 Title: MR. () Delete Name: GAINES, AL Address: P.O. BOX 718 City-St-Zip: DELEON SPRINGS, FL 32130 City-St-Zip: DELEON SPRINGS, FL 32130	nt, or both,	
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Name: GAINES, AL Name: Address: P.O. BOX 718 Address: City-St-Zip: DELEON SPRINGS, FL 32130 City-St-Zip:		
Title: MS. () Delete Title: () Change () Addition		
Name: CANNON, SHONDA Name: Address: 811 W. CHELSEA ST Address: City-St-Zip: DELAND, FL 32720 City-St-Zip:		
Title: MS. () Delete Title: MR (X) Change () Addition Name: CUSAK, JOYCE Name: SHOOTS, DAVID Address: 224 N. WOODLAND BLVD Address: 3176 HOOVER DRIVE City-St-Zip: DELAND, FL 32724 City-St-Zip: DELTONA, FL 32738		
Title: MS. () Delete Title: () Change () Addition Name: WILLIAMS, SHIRLEY Name: Address: 1308 S. DELAWARE ST. Address: City-St-Zip: DELAND, FL 32720 City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 MS. 04/30/2009