

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

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)

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:

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: JOHNS, JEANETTE
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

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: MR. (X) Change () Addition
Name: DAWSON, TODD
Address: 901 N. AMELIA AV.
City-St-Zip: DELAND, FL 32724

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

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

Title: MR. (X) Change () Addition
Name: SHOOTTS, DAVID
Address: 3176 HOOVER DRIVE
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
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

Electronic Signature of Signing Officer or Director

Date