

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-02-2006 90082 030 ****61.25

DOCUMENT # N05000005705

1. Entity Name

**EAST VOLUSIA-FLAGLER COUNTY USBC YOUTH
ASSOCIATION, INC.**



Principal Place of Business

**1510 SHADOW PINES DR
NEW SMYMA BCH FL 32168**

Mailing Address

**1510 SHADOW PINES DR
NEW SMYMA BCH FL 32168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-22290688

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROE, GAIL L
1510 SHADOW PINES DR
NEW SMYMA BCH FL 32168**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consulting)

DATE

**FILE NOW: FEE IS \$81.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WETMORE, F. JOYCE**
STREET ADDRESS **178 N RIDGEWOOD AVE**
CITY- ST- ZIP **ORMOND BCH FL 32174**

TITLE **V** ☐ Delete
NAME **ROE, TERRY F**
STREET ADDRESS **1510 SHADOW PINES DR**
CITY- ST- ZIP **NEW SMYRNA BCH FL 32168**

TITLE **S** ☐ Delete
NAME **ROBERTS, DON E**
STREET ADDRESS **1112 HARMS WAY**
CITY- ST- ZIP **PORT ORANGE FL 32168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/22/06

386-677-0570

Date

Daytime Phone