

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05016

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** PEOPLE FOR DRUG FREE YOUTH, INC.

**Current Principal Place of Business:**

1431 S DIXIE FREEWAY  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

1431 S DIXIE FREEWAY  
NEW SMYRNA BEACH, FL 32168 US

**New Mailing Address:**

**FEI Number:** 59-2455801      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CIUCCI, KIM T  
702 FOX TAIL CT.  
NEW SMYRNA BEACH, FL 32168 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:** P  
**Name:** WASKIEWICZ, MEV  
**Address:** 4220 GULL COVE  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32169 US

**Title:** RS  
**Name:** CORWIN, CONNIE  
**Address:** 144 ELLISON AVE  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168 US

**Title:** AT  
**Name:** PELL, JENNY  
**Address:** 1812 SHELBY TERRACE  
**City-St-Zip:** DELTONA, FL 32725 US

**Title:** VP  
**Name:** CHILDRESS, TOM  
**Address:** 1703 LIME TREE DR  
**City-St-Zip:** EDGEWATER, FL 32137 US

**Title:** T  
**Name:** CIUCCI, KIM  
**Address:** 702 FOX TAIL CT.  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168 US

**Title:** CS  
**Name:** FROMAN, LINDA  
**Address:** 941 MILL ROAD LANE  
**City-St-Zip:** PORT ORANGE, FL 32127 US

I hereby 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 all other like empowered.

**SIGNATURE:** KIM CIUCCI

T

04/20/2010

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

\_\_\_\_\_  
Date