


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # N29952</b>   |  |
| 1. Entity Name<br>CONSTITUENCY FOR CHILDREN AND YOUTH OF<br>VOLUSIA COUNTY, INC. |   |

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|--|--|
| Principal Place of Business<br>C/O UNITED WAY<br>3747 W. INTERNATIONAL SPEEDWAY BLVD.<br>DAYTONA BEACH, FL 32124-1011 US | Mailing Address<br>C/O UNITED WAY<br>3747 W. INTERNATIONAL SPEEDWAY BLVD.<br>DAYTONA BEACH, FL 32124-1011 US |
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03272008 No Chg-NP CR2E037 (4/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-3007857  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

**DO NOT WRITE IN THIS SPACE**

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| 6. Name and Address of Current Registered Agent<br><br>PALMETTO CHARTER SERVICES, INC.<br>150 MAGNOLIA AVENUE<br>DAYTONA BEACH, FL 32014 |
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>SILVER, BARBARA<br>124 SPOONBILL COURT<br>DAYTONA BEACH, FL 32119    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>MERRELL, LINDA<br>599 JOHN ANDERSON DRIVE<br>ORMOND BEACH, FL 32176 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>BEALL, CAROL<br>1598 RIVERSIDE DRIVE<br>HOLLY HILL, FL 32117         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>BELL, LIZE<br>412 SHOREWOOD LANE<br>NEW SMYRNA BEACH, FL 32168       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000883951  
04/17/08-80024-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*

4/1/8

386-689-9117