

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42668** (6)

1. Corporation Name
YOUTH VILLAGE OF VOLUSIA COUNTY, INC.

Principal Place of Business 517 S RIDGEWOOD AVE DAYTONA BEACH FL 32114 US	Mailing Address 517 S RIDGEWOOD AVE DAYTONA BEACH FL 32114 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 03/25/1991	4. FEI Number 59-3091263	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BENDIX, JOSEPH 517 S RIDGEWOOD AVE DAYTONA BEACH FL 32114	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDIX, JOSEPH	1.2 NAME	
STREET ADDRESS	7 PROMENADE & LION'S PAW	1.3 STREET ADDRESS	285 Coquina Ave
CITY-ST-ZIP	DAYTONA BCH FL	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, LUEVA	2.2 NAME	
STREET ADDRESS	P O BOX 1301 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	2.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLHOIT, MARILYN	3.2 NAME	
STREET ADDRESS	1617 CRESCENT RIDGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEAH FL	3.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, JUDY	4.2 NAME	
STREET ADDRESS	7 HICKORY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	4.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, BOBBIE	5.2 NAME	
STREET ADDRESS	6148 SEQUOIA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKER, DON	6.2 NAME	Stocker, Don
STREET ADDRESS	141 OLD MILL RUN	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **4/23/98** Phone: **904-248-2271**

CF2E037 (10/97)