

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90050 036 ****61.25

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DOCUMENT # N42668

1. Corporation Name

YOUTH VILLAGE OF VOLUSIA COUNTY, INC.

122554 - 90050 - 36

Principal Place of Business

517 S RIDGEWOOD AVE
DAYTONA BEACH FL 32114
US

Mailing Address

517 S RIDGEWOOD AVE
DDAYTONA BEACH FL 32114
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/25/1991

4. FEI Number

59-3091263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BENDIX, JOSEPH
517 S RIDGE WOOD 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

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TR**
BENDIX, JOSEPH
STREET ADDRESS **285 COQUINA AVE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ DELETE

NAME **TR**
LEWIS, LUEVA
STREET ADDRESS **P O BOX 1301 NA**
CITY-ST-ZIP **HOLLY HILL FL**

TITLE ☐ DELETE

NAME **TR**
WILLHOIT, MARILYN
STREET ADDRESS **1617 CRESCENT RIDGE RD**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☒ DELETE

NAME **TR**
SCHWARTZ, JUDY
STREET ADDRESS **7 HICKORY LANE**
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE ☐ DELETE

NAME **TR**
DOYLE, BOBBIE
STREET ADDRESS **6148 SEQUOIA DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ DELETE

NAME **D**
STOCKER, DON
STREET ADDRESS **141 OLD MILL RUN**
CITY-ST-ZIP **ORMOND BEACH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99

CR2E037 (11/98)