## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

5913 PARK RIDGE CIRCLE

PORT ORANGE, FL 32127

403 HOWARD STREET

SPERONI, JOSEPH -

159 IRON GATE CÎRCLE

NEW SMYRNA BEACH, FL 32168

BOYD, LEFONIG

VD.

## **FILED** Apr 22, 2004 8:00 am Secretary of State

New York Ave, Ste. 7 FL 32724

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DOCUMENT # N42668  1. Entity Name						04-22-2004 90048 025 ****70.00				
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 DAYTONA BEACH, FL 32114				US						
2. Principal P	lace of Business	3. Mailing Address	ling Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			03032004 Chg-NP	CR2E03	37 (10/03)		
City & State	е	City & State				4. FEI Number 59-3091263		_ <del></del>	plied For t Applicable	
Zip	Country	Zip	Cou	Country		5. Certificate of Status Des	ired 🗾	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of N	lew Registered /	Agent		
Maiuri,			,	Name				<b>4</b> .		
	ATRICIA M		<u> </u>							
	BLAZER DR	•	Street Address			(P.O. Box Number is Not Acceptable)				
LAKE HELEN, FL 32744										
				City FL Zip Code			•			
8. The above	named entity submits this statement to	register	ed agent, or both, in the State	of Florida Lam	familiar with	and accent				
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.										
$1/\sqrt{1-\frac{1}{2}}$ $1/\sqrt{10}$ $1/\sqrt{10}$ $1/\sqrt{10}$										
SIGNATURE OTTUER UNDUM Patricia M. Maiuri, President 040904										
Significative, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating), DATE										
Filling Fee is \$61.25 9. Election Campaign Due by May 1, 2004 Trust Fund Contribu					_ · · ·	\$5.00 May Be Added to Fees	Make checi Florida Depar			
						100000000000000000000000000000000000000				
10.	OFFICERS AND DII		11.			ADDITIONS/CHANGES TO O	FFICERS AND DI			
TITLE	MD	☐ Delete	_ TITL		PD	i Mass.	1	Change	Addition	
NAME .	MOCCIA, FRAN		NAW		Pat	ricia Maiur				
STREET ADDRESS	1203 NORTHSIDE DRIVE		1	EET ADDRESS	345	Trailblazer	Dr.			
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY	/-ST-ZIP	Lai	ke Helen, FL	<u> </u>	ł		
TITLE	D	<b>X</b> Delete	TITL	.E	Ð			Change	Addition	
NAME	WILLIAMS, SANDRA K	•	NAM	AE .	RA	bin Courtgey	1.			
STREET ADDRESS	1246 THOMAS DRIVE		STRI	EET ADDRESS	IAI	1 mallie Rod	d	,	1	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY	r-ST-ZIP	Da	utona Beach	IFL 32	414 J	Í	
TITLE	SD	Delete	TITL	E	Ď	7		Change	Addition	
NAME	POULIN, DEBORAH		NAM	l I	ガハ	irbara Silve			~	
STREET ADDRESS	5630 PALM AVENUE WEST	مد		SET ADDRESS .						
CITY-ST-ZIP	HARBOR OAKS, FL 32127			(-ST-ZIP	75	4 Bark Circle	3216	B -	·	
TITLE	TD	☐ Delete	TITL	E .	Ke	MINITE	50,0	☐ Change	Addition	
11111	MELLINGER STEVEN	□ Detete			$D_{i}$	21 - 1 -		☐ Change	Manting II	

PORT ORANGE, FL 32119 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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. other like empowered.

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

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