


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90003 037 ****70.00

DOCUMENT # N42668	
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05132005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3091263		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent MAIURI, PATRICIA M 345 TRAILBLAZER DR LAKE HELEN, FL 32744		7. Name and Address of New Registered Agent Name CHARLES TINDELL Street Address (P.O. Box Number is Not Acceptable) 406 NORTH WILD OLIVE AVENUE City DAYTONA BEACH FL Zip Code 32118	
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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 Charles Tindell
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MD MOCCIA, FRAN 1203 NORTHSIDE DRIVE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD VOUVAKIS, GEORGE 128 LIVE OAK AVE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD MAIURI, PATRICIA 345 TRAILBLAZER DR. LAKE HELEN, FL 32744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD STARK, LISA 505 EAST NEW YORK AVE STE #9 DELAND FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PSD COURTNEY, ROBIN 1417 MOLLIE ROAD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SILVER, BARBARA 454 BARK CIRCLE DELAND FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD MELLINGER, STEVEN 5913 PARK RIDGE CIRCLE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MUCCIOLA, PATRICIA 83 OXBOW TRAIL ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BOYD, LEFONIG 403 HOWARD STREET NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MADDEN, MARK 2034 RIDGEWOOD AVE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	YD PD SPERONI, JOSEPH 159 IRON GATE CIRCLE PORT ORANGE, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 Joseph Speroni 5/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #