

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42668

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** YOUTH VILLAGE OF VOLUSIA COUNTY, INC.

**Current Principal Place of Business:**

517 S RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

517 S RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 59-3091263      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TINDELL, CHARLES  
406 NORTH WILD OLIVE AVE  
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: MOCCIA, FRAN  
Address: 1203 NORTHSIDE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: MAIURI, PATRICIA  
Address: 345 TRAILBLAZER DR.  
City-St-Zip: LAKE HELEN, FL 32744

Title: SD ( ) Delete  
Name: COURTNEY, ROBIN  
Address: 1417 MOLLIE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD ( ) Delete  
Name: VOUVAKIS, GEORGE  
Address: 128 LIVE OAK AVE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD ( ) Delete  
Name: STARK, LISA  
Address: 505 EAST NEW YORK AVE, STE # 9  
City-St-Zip: DELAND, FL 32724

Title: VD ( ) Delete  
Name: SPERONI, JOSEPH  
Address: 159 IRON GATE CIRCLE  
City-St-Zip: PORT ORANGE, FL 32119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEOD (X) Change ( ) Addition  
Name: MOCCIA, FRANCES  
Address: 1203 NORTHSIDE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: CD (X) Change ( ) Addition  
Name: MUCCIOLO, PATRICIA  
Address: 1215 PARKSIDE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VCD (X) Change ( ) Addition  
Name: STARK, LISA  
Address: 505 EAST NEW YORK AVE, STE # 9  
City-St-Zip: DELAND, FL 32724

Title: MD (X) Change ( ) Addition  
Name: SPERONI, JOSEPH  
Address: 3900 LONG GROVE LANE  
City-St-Zip: PORT ORANGE, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES MOCCIA

CEOD

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date