

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42668

FILED
Jan 07, 2009
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 ()

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: CEO () Delete
Name: MOCCIA, FRANCES
Address: 1203 NORTHSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: CD () Delete
Name: MUCCIOLO, PATRICIA
Address: 950 N US HWY 1
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: TD () Delete
Name: CASANOVA, LESLIE
Address: POB 2232
City-St-Zip: PORT ORANGE, FL 32127

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

Title: MD () Delete
Name: SANTI, KATHY
Address: 303 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: 213 S. ALABAMA AVE
City-St-Zip: DELAND, FL 32724

Title: MD (X) Change () Addition
Name: SANTI, KATHY
Address: 5111 S. RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify 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

01/07/2009

Electronic Signature of Signing Officer or Director

Date