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**APPROVED
AND
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95 MAY -1 PH 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001298 (8)
1. Corporation Name
VOLUSIA SHERIFF'S YOUTH FOUNDATION, INC.

Principal Place of Business Mailing Address
133 E. INDIANA AVENUE DELAND FL 133 E. INDIANA AVENUE DELAND FL

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/11/1994 3a. Date of Last Report
4. FEI Number 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SMITH, GEORGE
133 E. INDIANA AVENUE
DELAND FL 32724

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------|
| TITLE | D |
| NAME | DELUCA, STEPHEN |
| STREET ADDRESS | 827 S. CLARA AVENUE |
| CITY - ST - ZIP | DELAND FL 32720 |
| TITLE | D |
| NAME | DURRANCE, TOMMY |
| STREET ADDRESS | POST OFFICE BOX 11349 n/a |
| CITY - ST - ZIP | DAYTONA BEACH FL 32120 |
| TITLE | D |
| NAME | EARNEST, PEPPER |
| STREET ADDRESS | 1580 S. WOODLAND BLVD. |
| CITY - ST - ZIP | DELAND FL 32720 |
| TITLE | D |
| NAME | GALLOWAY, THOMAS |
| STREET ADDRESS | 1801 SPEEDWAY BLVD. |
| CITY - ST - ZIP | DAYTONA BEACH FL 32114 |
| TITLE | D |
| NAME | GODWIN, AL |
| STREET ADDRESS | 302 E. NEW YORK AVENUE |
| CITY - ST - ZIP | DELAND FL 32724 |
| TITLE | D |
| NAME | HAGSTROM, RICHARD |
| STREET ADDRESS | POST OFFICE BOX 95 n/a |
| CITY - ST - ZIP | PIERSON FL 32180 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | 000001485310 |
| 23 STREET ADDRESS | -05/12/95--01022--015 |
| 24 CITY - ST - ZIP | *****61.25 *****61.25 |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 will be an address.

SIGNATURE:  14/12/95 (904) 758-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR