

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N94000001298 (8)**  
1. Corporation Name

**VOLUSIA SHERIFF'S YOUTH FOUNDATION, INC.**



Principal Place of Business <b>133 E. INDIANA AVENUE DELAND FL 32724</b>	Mailing Address <b>133 E. INDIANA AVENUE DELAND FL 32724</b>
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3. Date Incorporated or Qualified <b>03/11/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>ARMED FOR 59-3229095</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 617.0502 and 617.1508, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DELUCA, STEPHEN</b>
STREET ADDRESS	<b>927 S. CLARA AVENUE</b>
CITY - ST - ZIP	<b>DELAND FL 32720</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DURRANCE, TOMMY</b>
STREET ADDRESS	<b>POST OFFICE BOX 11349 N/A</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL 32120</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>EARNEST, PEPPER</b>
STREET ADDRESS	<b>1580 S. WOODLAND BLVD.</b>
CITY - ST - ZIP	<b>DELAND FL 32720</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GALLOWAY, THOMAS</b>
STREET ADDRESS	<b>1801 SPEEDWAY BLVD.</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL 32114</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GODWIN, AL</b>
STREET ADDRESS	<b>302 E. NEW YORK AVENUE</b>
CITY - ST - ZIP	<b>DELAND FL 32724</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HAGSTROM, RICHARD</b>
STREET ADDRESS	<b>POST OFFICE BOX 95 N/A</b>
CITY - ST - ZIP	<b>PIERSON FL 32180</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Smith, III, George S.</b>
1.3 STREET ADDRESS	<b>133 E. Indiana Avenue</b>
1.4 CITY - ST - ZIP	<b>Deland, Florida 32724</b>
2.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Deluca, Stephen</b>
2.3 STREET ADDRESS	<b>927 S. Clara Avenue</b>
2.4 CITY - ST - ZIP	<b>Deland, Florida 32720</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>700001826197</b>
4.4 CITY - ST - ZIP	<b>-05/17/96--01019--015</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>***61.25</b>
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(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 with an address.

SIGNATURE: *George S. Smith III* **George S. Smith III** *4/17/96* **4/17/96** *(917) 738-3300*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

*Handwritten initials and date*