

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90119 025 ****61.25

DOCUMENT # N94000001298

1. Entity Name
VOLUSIA SHERIFF'S YOUTH FOUNDATION, INC.



Principal Place of Business
**POST OFFICE BOX 569
DELAND, FL 32721-0569 US**

Mailing Address
**133 E. INDIANA AVENUE
DELAND, FL 32721-0569 US**

50026466



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3229095

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, GEORGE
133 E. INDIANA AVENUE
DELAND, FL 32724**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **SMITH, III G**
STREET ADDRESS **133 EAST INDIANA AVENUE**
CITY-ST-ZIP **DELAND, FL**

TITLE **VD** ☐ Delete
NAME **GALLOWAY, THOMAS**
STREET ADDRESS **1801 SPEEDWAY BOULEVARD**
CITY-ST-ZIP **DAYTONA BEACH, FL**

TITLE **SD** ☐ Delete
NAME **VOGEL, JEANNIE**
STREET ADDRESS **70 AQUA COURT**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **PD** ☐ Delete
NAME **THOMSON, JOHN**
STREET ADDRESS **702 PALMETTO STREET**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **TD** ☐ Delete
NAME **Bledsoe, Ronnie J.**
STREET ADDRESS **131B Business Center Dr, Suite 11**
CITY-ST-ZIP **Ormond Beach, FL 32175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13/8/05

586-426-6159