

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001298

FILED
Jan 29, 2009
Secretary of State

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

Current Principal Place of Business:

POST OFFICE BOX 569
DELAND, FL 327210569 US

New Principal Place of Business:

123 WEST INDIANA AVENUE
4TH FLOOR
DELAND, FL 32720 US

Current Mailing Address:

133 E. INDIANA AVENUE
DELAND, FL 327210569 US

New Mailing Address:

FEI Number: 59-3229095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, GEORGE
133 E. INDIANA AVENUE
DELAND, FL 32724 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: TD () Delete
Name: BLEDSOE, RONNIE J
Address: 131B BUSINESS CENTER DR STE 11
City-St-Zip: ORMOND BEACH, FL 32175

Title: VD () Delete
Name: GALLOWAY, THOMAS
Address: 1801 SPEEDWAY BOULEVARD
City-St-Zip: DAYTONA BEACH, FL

Title: SD () Delete
Name: VOGEL, JEANNIE
Address: 70 AQUA COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD () Delete
Name: THOMSON, JOHN
Address: 702 PALMETTO STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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:

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: JOHN THOMSON

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date