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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000005163 (9)

1. Corporation Name

YOUTH FOR CHRIST OF VOLUSIA COUNTY, INC.



Principal Place of Business

Mailing Address

532 HAMLET DR.  
PORT ORANGE FL 32127

532 HAMLET DR.  
PORT ORANGE FL 32127

3. Date Incorporated or Qualified

11/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDDY, DAN  
532 HAMLET DR.  
PORT ORANGE FL 32127

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Dan E. Eddy, Executive Director*

Signature, typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

*Jan 30, 1996*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME EDDY, DAN

STREET ADDRESS 532 HAMLET DR.

CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ DELETE

NAME PIERCE, CLYDE S

STREET ADDRESS 2067 OLD DAYTONA RD.

CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE ☐ DELETE

NAME PARKER, KENNETH W

STREET ADDRESS 928 SANDALWOOD DR.

CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ DELETE

NAME WINDBURN, JOSEPH B

STREET ADDRESS 5437 TURTON LN.

CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ DELETE

NAME CAIN, ERNIE

STREET ADDRESS 2 COBBLESTONE TRL.

CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ DELETE

NAME HIGGINS, CLEO S

STREET ADDRESS 1437 CONTINENTAL DR.

CITY-ST-ZIP DAYTONA BEACH FL 32117

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Dan E. Eddy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 30, 1996* (904) 760-8075  
DATE Daytime Phone #

CR2E037 (12/95)