

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90298 043 ****61.25

DOCUMENT # N98000000736

1. Entity Name
WEST DUVAL YOUTH ASSOCIATION, INC.



Principal Place of Business
**7701 WHEAT RD
JACKSONVILLE, FL 32244**

Mailing Address
**PO BOX 14749
JACKSONVILLE, FL 32244**

00011582



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
04-3687704

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HART, MARSHA P.
7925 GULF RD. S.
JACKSONVILLE, FL 32244**

Name **Lesa Godbold**
Street Address (P.O. Box Number is Not Acceptable)
7408 Overland Park Blvd.
City **Jacksonville** FL Zip Code **32244**

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

Lesa Godbold

4/10/06

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, 2006**

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 **D/T** ☐ Delete
NAME **DAIGLE, JEANNETTE**
STREET ADDRESS **1751 BLAIR RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE **DV** ☐ Delete
NAME **SPENCER, IRENE**
STREET ADDRESS **8123 COLERIDGE CT**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE **D** ☒ Delete
NAME **CANTRELL, SCOTT**
STREET ADDRESS **5045 SUNNY SPRUCE TERR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** ☐ Delete
NAME **WAYOFFCHOFF, RICK**
STREET ADDRESS **9539 103RD ST #46**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Waychoff, Rick**
STREET ADDRESS **1309 Perth Road**
CITY-ST-ZIP **Jacksonville, FL 32244**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Jeannette Daigle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/06 904-334-4764

Daytime Phone #