


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.**

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000000289  
 1. Entity Name  
 100 DEPUTIES, 100 KIDS, INC.



Principal Place of Business 123 W. INDIANA AVE. DELAND, FL 32720 US	Mailing Address 123 W. INDIANA AVE. DELAND, FL 32720 US
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**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3162330	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 EDWARDS, JUDITH R  
 123 W INDIANA AVE  
 DELAND, FL 32721

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, JUDITH R 123 W INDIANA AVE. DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOSS, LORETTA 123 W. INDIANA AVE. DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCINI, LYNDA 123 W. INDIANA AVE. DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JIM 123 W INDIANA AVE DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, WILLIAM 123 W INDIANA AVE DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000370968  
 07/06/05-80003-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Judith R. Edwards Judith R. Edwards 7/30/05 386-736-5989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #