


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N36103</b> 1. Entity Name <b>ORLANDO FAMILY CARE FOR YOUTH, INC.</b>	
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FILED  
05 APR 12 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>4520 COLLEGE DRIVE ORLANDO, FL 32811</b>	Mailing Address <b>P.O. BOX 2264 EATONVILLE, FL 32751</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04082005 Chg-NP CR2E037 (10/03)

City & State	4. FEI Number <b>65-0170699</b>
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Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MORRELL, JOSEPH ATTY.  
501 N. MAGNOLIA AVENUE  
SUITE C  
ORLANDO, FL 32801**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	CPD <input type="checkbox"/> Delete
NAME	TAYLOR, CLIFFORD
STREET ADDRESS	600 LIME STREET
CITY-ST-ZIP	EATONVILLE, FL 32751
TITLE	VD <input type="checkbox"/> Delete
NAME	HARRIS, JACQUE F
STREET ADDRESS	317 TEAKWOOD LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	D <input type="checkbox"/> Delete
NAME	THREATS, ARTHOR
STREET ADDRESS	2403 STRICKER DR
CITY-ST-ZIP	OCOOE, FL 34761
TITLE	STD <input type="checkbox"/> Delete
NAME	HARDY, JAMES GEORGE
STREET ADDRESS	1020 GROVE STREET
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D <input type="checkbox"/> Delete
NAME	HARDY, TONY LARRY
STREET ADDRESS	1047 PARKWOOD AVENUE
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500054012323</b>
STREET ADDRESS	<b>05/06/05--01059--015 **61.25</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** \_\_\_\_\_ **4/11/05** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #