

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36103

FILED  
Feb 28, 2008  
Secretary of State

**Entity Name:** ORLANDO FAMILY CARE FOR YOUTH, INC.

**Current Principal Place of Business:**

8 BEL AIR STREET  
EATONVILLE, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2264  
EATONVILLE, FL 32751

**New Mailing Address:**

**FEI Number:** 65-0170699      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRELL, JOSEPH ATTY.  
501 N. MAGNOLIA AVENUE  
SUITE C  
ORLANDO, FL 32801 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: CPD ( ) Delete  
Name: TAYLOR, CLIFFORD,  
Address: 600 LIME STREET  
City-St-Zip: EATONVILLE, FL 32751

Title: VD ( ) Delete  
Name: HARRIS, JACQUE F  
Address: 317 TEAKWOOD LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: TAYLOR, IDELLA  
Address: 300 TEAKWOOD LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32771

Title: STD ( ) Delete  
Name: HARDY, JAMES GEORGE  
Address: 1020 GROVE STREET  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: HARDY, TONY LARRY  
Address: 1047 PARKWOOD AVENUE  
City-St-Zip: GROVELAND, FL 34736

**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:

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: CLIFFORD TAYLOR

CPD

02/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date