

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90002 049 ****61.25

DOCUMENT # N07037

1. Entity Name
CALOOSA YOUTH SUPPORT, INC.



Principal Place of Business

%J. MICHAEL SWAINE
2713 NE LAKEVIEW DR
SEBRING, FL 33870

Mailing Address

%J. MICHAEL SWAINE
2713 NE LAKEVIEW DR
SEBRING, FL 33870

00002000



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2534132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEACOCK, FORD W., JR.
2713 NE LAKEVIEW DRIVE
SEBRING, FL 33870

**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 May 1, 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 HEACOCK, FORD W., JR. 2713 NE LAKEVIEW DRIVE SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREWS, MARK L 4022 WESTMINSTER RD SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SWAINE, J. MICHAEL 245 S COMMERCE AVENUE SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Ford W. Heacock Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05 863-385-5171
Date Daytime Phone #