2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # N9800006224 1. Entity Name AMERICA'S YOUTH INC. Principal Place of Business 320 DIVISION 320 DIVISION | | | | | | | OS APR 29 PM 1:01 SECNCIARY UNITALLAHASSEE, FLORIO | | | | :01 | |
|--|---|--|---------------------|----------------------------------|---------------|--|---|----------------------------|-------------|---------------------------|---------------------------|--|
| | | | | | IDINA BCH, FL | | | TEAHASSÉE, FLORITA | | | | |
| 2. Principal Place of Business 3 | | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 04292005 | Chg-NP | CR2E0 | 37 (10/03) | | |
| City & State | | | City & State | | | | 4. FEI Number 59-35421 | 43 | 1 | <u> </u> | plied For t Applicable | |
| Žip | Country | | Zip | Zip | | untry | 5. Certificate of S | | ď | \$8.75 Add Fee Require | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent Name | | | | | | |
| GILBERT, JOHN SR. 514 S. 9TH ST. FERNANDINA ABCH, FL | | | | | | Street Address | (P.O. Box Number is | s Not Acceptable | 9) | | | |
| | | | | | | City | | | FL | Zip Code | 9 | |
| 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 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, 2005 | | | | 9. Election Carr Trust Fund C | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | | | |
| 10. | OFFICERS AND DIRI | | | | | . | ADDITIONS/CHAN | GES TO OFFICE | RS AND D | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GILBERT, JOHN SR. 514 S. 9TH ST. | | | | | | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROYAL, MONROE RT. 2, BOX 1137 BRYCEVILLE, FL | | | | | | 0 0 05/10/ | 1 0054 ; /050104 | 205 2008 | □ Change 180 **70. | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, (RT. 2, BO BRYCEVI | X 97 | • | ☐ Delete | | 1 | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POWELL, LARAM S JACKSON | | | ☐ Delete | | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 305 JEAN | , DOUGLAR LAFITTE BLVE DINA BEACH, FL 3203 | 4 | ☐ Delete | | | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HINTON, 1232 SPR YULEE, F | ING MEADOW AVE | | ☐ Delete | | | | | | ☐ Change | Addition | |
| 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 certification or the certification or the certification of the corporation or the certification of the corporation or the certification of the corporation or the certification of the certification of the corporation or the certification of the certification of the corporation or the certification of the corporation or the certification of the corporation or the certification of the certificat | | | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED PRINTED AME OF SIGNING OFFICER OR GIRECTOR 29/April 485367 | | | | | | | | | | | | |