

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07037

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** CALOOSA YOUTH SUPPORT, INC.

**Current Principal Place of Business:**

425 S COMMERCE AVE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

425 S COMMERCE AVE  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 59-2534132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWAINE, J. MICHAEL  
425 S COMMERCE AVE  
SEBRING, FL 33870 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: DP  
Name: ANDREWS, MARK L  
Address: 4022 WESTMINSTER RD  
City-St-Zip: SEBRING, FL 33872

Title: STD  
Name: SWAINE, J. MICHAEL  
Address: 425 S. COMMERCE AVENUE  
City-St-Zip: SEBRING, FL

Title: DVP  
Name: HEACOCK, AUSTIN M  
Address: 100 S HUCKLEBERRY LK DR  
City-St-Zip: SEBRING, FL 33875

I hereby 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 all other like empowered.

SIGNATURE: J. MICHAEL SWAINE

ST

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date