

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07037

**FILED**  
**Feb 02, 2012**  
**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, ROBERT S  
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:** 2871 LAKEVIEW DRIVE  
**City-St-Zip:** SEBRING, FL 33870

**Title:** DVST  
**Name:** SWAINE, ROBERT S.  
**Address:** 425 S. COMMERCE AVENUE  
**City-St-Zip:** SEBRING, FL

**Title:** D  
**Name:** ANDREWS, DANIEL F  
**Address:** 2430 LAKEVIEW DRIVE  
**City-St-Zip:** SEBRING, FL 33870

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:** ROBERT S. SWAINE

DVST

02/02/2012

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

\_\_\_\_\_  
Date