


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90333 002 ****61.25

DOCUMENT # 707785	
1. Entity Name THE DUNEDIN YOUTH GUILD, INC.	

Principal Place of Business 1080 MCLEAN P.O. BOX 1453 DUNEDIN FL 34697	Mailing Address 1080 MCLEAN P.O. BOX 1453 DUNEDIN FL 34697
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2. Principal Place of Business 1080 McLean	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DUNEDIN	City & State
Zip 34698	Country Pineellas

1st MOORE	CR2E037 (10/04)
4. FEI Number 59-1093452	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARTNETT, KAY Y 1567 ROXBURG LANE DUNEDIN FL 34698	
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7. Name and Address of New Registered Agent Name Barbara Cooper Street Address (P.O. Box Number is Not Acceptable) 655 Palm Blvd. City DUNEDIN FL Zip Code 34698	
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 Barbara A. Cooper DATE 4/12/05	

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIEL, MAGARET 'PEG' 2680 SEQUOIA TERRACE PALM HARBOR FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judie Hutchins S-D 2208 DAVIES Ave DUNEDIN, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRES-D. GRAY, SUZANNE K 2101 LAGOON DRIVE DUNEDIN FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-D Barbara Cooper 655 Palm Blvd DUNEDIN, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESPEY, MARTHA 345 EDGEWATER DRIVE DUNEDIN FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTNETT, KAY 1567 ROXBURG LANE DUNEDIN FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEBALD, JAN 750 MILWAUKEE AVENUE DUNEDIN FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GINA MASSOTTO VP-D 1525 Blacemoor Ln DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Suzanne K Gray, President DATE: 4/12/05 DAYTIME PHONE: 727-733-7029	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	