

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 707785**

1. Entity Name  
**THE DUNEDIN YOUTH GUILD, INC.**



Principal Place of Business  
**1080 MCLEAN  
DUNEDIN, FL 34697**

Mailing Address  
**1080 MCLEAN  
DUNEDIN, FL 34697**



03302006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1093452**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, BARBARA  
655 PALM BLVD  
DUNEDIN, FL 34698**

**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 re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**00000490688  
04/18/06-80072-011 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	GRAY, SUZANNE K
STREET ADDRESS	2101 LAGOON DRIVE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	SD
NAME	HUTCHINS, JUDIE
STREET ADDRESS	2208 DAVIES AVE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	TD
NAME	COOPER, BARBARA
STREET ADDRESS	655 PALM BLVD
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	VPD
NAME	MASSOTTO, GINA
STREET ADDRESS	1525 BRAEMOOR LANE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Barbara A. Cooper  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06  
Date

232.736.6946  
Daytime Phone #