2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 709089

1. Entity Name
PALMETTO YOUTH CENTER

Principal Place of Business	Mailing Address
501 17TH STREET WEST P.O. BOX 608 PALMETTO, FL 34220	501 17TH STREET WEST P.O. BOX 608 PALMETTO, FL 34220

DO NOT WRITE IN THIS SPACE

02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1090377
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, FRANKLIN P.
815 32ND STREET E.
PALMETO, FL 34221

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

000000072928
03/02/04-80014-017 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARPER, ALEX, JR.
STREET ADDRESS	401 11TH ST. DR. W.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	S
NAME	CRADDOCK, FRANKIE
STREET ADDRESS	25047 8TH AVE. EAST
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	V
NAME	SAILES, GLADYS M
STREET ADDRESS	1408 - 26TH ST. CT. E.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	T
NAME	JOHNSON, PATRICIA
STREET ADDRESS	4498 SANIBEL WAY
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	D
NAME	SHANNON, EDDIE
STREET ADDRESS	216 18TH ST E.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D
NAME	COVINGTON, LILLIE M.
STREET ADDRESS	3104 9 AVE DR E
CITY-ST-ZIP	PALMETTO, FL

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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: Alex Harper, Jr. 2-27-04 941-722-5272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #