


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90074 043 ****70.00

DOCUMENT # 709089					
1. Entity Name PALMETTO YOUTH CENTER					
Principal Place of Business 501 17TH STREET WEST P.O. BOX 608 PALMETTO, FL 34220		Mailing Address 501 17TH STREET WEST P.O. BOX 608 PALMETTO, FL 34220			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1090377	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAYLOR, FRANKLIN P. 815 32ND STREET E. PALMETO, FL 34221			Name <u>Gladys Sailes Houston</u> Street Address (P.O. Box Number is Not Acceptable) <u>1610 8th Ave. West</u> <u>Palmetto, FL</u> City <u>Palmetto, FL</u> Zip Code <u>34201</u>		
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 <u>Gladys S. Houston, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3/21/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TILLIS, THEODORE		NAME		
STREET ADDRESS	3101-9TH AVE. DR. E.		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRADDOCK, FRANKIE		NAME		
STREET ADDRESS	25049 8TH AVE EAST		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUSTON, GLADYS M		NAME		
STREET ADDRESS	P.O. BOX 52		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34220		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, PATRICIA		NAME		
STREET ADDRESS	4498 SANIBEL WAY		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHANNON, EDDIE		NAME		
STREET ADDRESS	216 18TH ST E.		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COVINGTON, LILLIE M.		NAME		
STREET ADDRESS	3104 9 AVE DR E		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
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: <u>Gladys S. Houston</u>			DATE: <u>3/21/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone # <u>941-722-5272</u></small>		