

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90001 008 \*\*\*\*61.25

DOCUMENT # F95000002762

1. Corporation Name

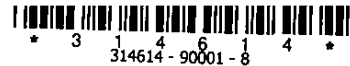
AMERICAN FOUNDATION FOR CHILDREN AND YOUTH, INC.

Principal Place of Business

767 HIGHLAND STREET  
HOLLISTON MA 01746

Mailing Address

767 HIGHLAND STREET  
HOLLISTON MA 01746



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/08/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
22-2848332

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, EDGAR B M.D.  
% C MARTIGNETTE  
455 PARADISE ISLE BLVD 306  
HALLANDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PHILLIPS, EDGAR B MD  
STREET ADDRESS 455 PARADISE ISLE BLVD 306  
CITY-ST-ZIP HALLANDALE FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD  
NAME LEVESQUE, RAYMOND J CPA  
STREET ADDRESS 767 HIGHLAND STREET  
CITY-ST-ZIP HOLLISTON MA 01746-1102

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME BLASINGAME F.J.L. MD  
STREET ADDRESS 1034 LIBERTY PARK DR 315  
CITY-ST-ZIP AUSTIN TX

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME DAY, EMERSON M  
STREET ADDRESS 320 PEBBLEBROOK DR  
CITY-ST-ZIP NORTHBROOK IL

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME FISHER, DONALD W PHD  
STREET ADDRESS 3814 IVANHOE LANE  
CITY-ST-ZIP ALEXANDRIA VA

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)