

# 200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95060002762

1. Entity Name

AMERICAN FOUNDATION FOR CHILDREN AND YOUTH, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 20 PM 3:57

Principal Place of Business

Mailing Address

767 HIGHLAND STREET  
HOLLISTON MA 01746

767 HIGHLAND STREET  
HOLLISTON MA 01746-1102

Please note new address. Thank you.

2. Principal Place of Business

12 Quaker Way

3. Mailing Address

12 Quaker Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Westborough, MA 01581

Westborough, MA

City & State

City & State

Zip

Country

USA

Zip

01581

Country

USA

4. FEI Number

22-2848332

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Edgar B. Phillips M.D.  
Street Address (P.O. Box Number is Not Acceptable): 455 Paradise Isle, #306  
City: Hallandale Beach FL Zip Code: 33009

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PHILLIPS, EDGAR B MD	
STREET ADDRESS	455 PARADISE ISLE BLVD 306	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEVESQUE, RAYMOND J CPA	
STREET ADDRESS	767 HIGHLAND STREET	
CITY-ST-ZIP	HOLLISTON MA 01746-1102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLASINGAME F.J.L. MD	
STREET ADDRESS	1034 LIBERTY PARK DR 315	
CITY-ST-ZIP	AUSTIN TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAY, EMERSON M	
STREET ADDRESS	320 PEBBLEBROOK DR	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, DONALD W PHD	
STREET ADDRESS	3814 IVANHOE LANE	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samantha Dolenz	
STREET ADDRESS	1960 Bel Air Road	
CITY-ST-ZIP	Bel Air, CA 90777	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erich M. Hibbard	
STREET ADDRESS	17 Chase gayton Dr. # 1434	
CITY-ST-ZIP	Richmond, VA 23233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Edgar B. Phillips M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edgar B. Phillips M.D.

Edgar B. Phillips M.D.

2/16/00 800.484.8523(433)

7 SP

800.484.8523