

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2004 8:00 am
Secretary of State

06-16-2004 90011 009 ****61.25

DOCUMENT # F95000002762

1. Entity Name

AMERICAN FOUNDATION FOR CHILDREN AND YOUTH,
INC.



Principal Place of Business

12 QUAKER WAY
WESTBOROUGH MA 01581

Mailing Address

12 QUAKER WAY
WESTBOROUGH MA 01581

04001006

2. Principal Place of Business

455 Paradise Isle,

3. Mailing Address

455 Paradise Isle

Suite, Apt. #, etc.

#306

Suite, Apt. #, etc.

#306

City & State

Hallandale Beach, FL

City & State

Hallandale Beach, FL

Zip

33009

Country

Zip

33009

Country



MOORE

CR2E037 (4/04)

4. FEI Number

22-2848332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, EDGAR B M.D.
455 PARADISE ISLE., #306
HALLANDALE BEACH FL 33009

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida 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 type="checkbox"/> Delete
NAME	DOLENZ, SAMANTHA	
STREET ADDRESS	1960 BEL AIR ROAD	
CITY-ST-ZIP	BEL AIR CA 90777	
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	D	<input type="checkbox"/> Delete
NAME	HIBBARD, ERICH M	
STREET ADDRESS	17 CHASE GAYTON DR # 1434	
CITY-ST-ZIP	RICHMOND VA 23233	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS	
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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 life empowered.

SIGNATURE: *Edgar B. Phillips M.D.; Edgar B. Phillips, M.D. 6/12/04 305.931.4358*