2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State
02-04-2005 90053 028 ****61.25

DOCUMENT # F95000002762

1. Entity Name

AMERICAN FOUNDATION FOR CHILDREN AND YOUTH, INC.

Principal Place of Business	Mailing Address
C/O EDGAR B. PHILLIPS, M.D., PRESIDEN 455 PARADISE ISLE #306 HALLANDALE FL 33009	C/O EDGAR B. PHILLIPS, M.D., PRESIDEN 455 PARADISE ISLE #306 HALLANDALE FL 33009

66UU3113

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
PHILLIPS, EDGAR B M.D. 455 PARADISE ISLE., #306 HALLANDALE BEACH FL 33009	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 May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PHILLIPS, EDGAR B MD 455 PARADISE ISLE BLVD 306 HALLANDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LEVESQUE, RAYMOND J CPA 767 HIGHLAND STREET HOLLISTON MA 01746-1102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOLENZ, SAMANTHA 1960 BEL AIR ROAD BEL AIR CA 90777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAY, EMERSON M 320 PEBBLEBROOK DR NORTHBROOK IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 19 Pinewood Village W. Lebanon, N.H. 03784
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHER, DONALD W PHD 3814 IVANHOE LANE ALEXANDRIA VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIBBARD, ERICH M 17 CHASE GAYTON DR # 1434 RICHMOND VA 23233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

Edgar B. Phillips M.D. Edgar B. Phillips M.D. 01/27/05

tel: 305-931-4358