

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90212 018 ****61.25

DOCUMENT # N01000001745 1. Entity Name CRYSTAL BEACH YOUTH CENTER, INCORPORATED					
Principal Place of Business 520 CRYSTAL BEACH AVE. CRYSTAL BEACH, FL 34681			Mailing Address PO BOX 434 CRYSTAL BEACH, FL 34681		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3700550	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, DENNIS P 1150 CLEVELAND ST., #301 CLEARWATER, FL 33755				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing 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	S VISCO, LISA 137 FLORIDA BLVD PO BOX 420 CRYSTAL BEACH, FL 34681	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sue Conlon 609 Pennsylvania Ave. P.O. Box 377 Crystal Beach Fl. 34681	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WYANDT, DANA 308 PENNSYLVANIA AVE PO BOX 972 CRYSTAL BEACH, FL 34681	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Suzan Priest 1987 Lynwood Court Dunedin, Fl. 34698	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALZ, CARL 302 ONTARIO AVE., P.O. BOX 564 CRYSTAL BEACH, FL 34681	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eric Greis 622 Mayo St P.O. Box 169 Crystal Beach, FL 34681	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, AMY 154 CARLYLE DRIVE PALM HARBOR, FL 34684	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eric Greis 622 Mayo St P.O. Box 169 Crystal Beach, FL 34681	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONLON, SUE 609 PENNSYLVANIA AVE CRYSTAL BEACH, FL 34681	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eric Greis 622 Mayo St P.O. Box 169 Crystal Beach, FL 34681	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMES, LINDSAY 643 MAYO ST., P.O. BOX 541 CRYSTAL BEACH, FL 34681	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eric Greis 622 Mayo St P.O. Box 169 Crystal Beach, FL 34681	☐ 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.					
SIGNATURE: <u>Dana Wyandt</u> DANA WYANDT <u>4.25.05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					