ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State
05-19-2006 90031 014 ****61.25

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DOCUMENT # N01000001745

1. Entity Name
CRYSTAL BEACH YOUTH CENTER, INCORPORATED

Principal Place of Business	Mailing Address
520 CRYSTAL BEACH AVE. CRYSTAL BEACH, FL 34681	PO BOX 434 CRYSTAL BEACH, FL 34681

05062006 Chg-NP CR2E037 (4/06)

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 59-3700550 ☐ 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
THOMPSON, DENNIS P 1150 CLEVELAND ST., #301 CLEARWATER, FL 33755	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

Filing Fee is $61.25
Due by September 6, 2006

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 CONFON, SUE 609 PENNSYLVANIA AVE P O BOX 377 CRYSTAL BEACH, FL 34681	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONLON, Sue 609 Pennsylvania Ave. P.O. Box 377 Crystal Beach, FL. 34681
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 Valk, Neil 409 Mayo St. P.O. Box 804 Crystal Beach, FL. 34681
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRIEST, SUZAN 1987 LYNWOOD CRT DUNEDIN, FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wyandt, Roberta 308 Pennsylvania Ave. PO Box 972 Crystal Beach, FL. 34681
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREIS, ERIC 622 MAYO ST P O BOX 169 CRYSTAL BEACH, FL 34681	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Greig, Eric 622 Mayo St. PO Box 169 Crystal Beach, FL. 34681
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 Scognamiglio, Micky 209 S. Mayo St. P.O. Box 975 Crystal Beach, FL. 34681
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Celiberti, Joy 155 Georgia Ave. P.O. Box 839 Crystal Beach, FL. 34681

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sue Conlon Sue Conlon Secretary 5.05.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #