


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005352 1. Entity Name YOUNG PATRIOTS FOUNDATION, INC.	
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Principal Place of Business 500 S. FLORIDA AVENUE, STE. 200 LAKELAND, FL 33801	Mailing Address P.O. BOX 1076 LAKELAND, FL 33802-1076
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DO NOT WRITE IN THIS SPACE



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3750641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PUTNAM, ABEL 500 S. FLORIDA AVE., STE. 200 LAKELAND, FL 33801	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCKERY, PAULA 2627 OAKLAND AVE., PO BOX 2646 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLIS, CLAYTON 1936 GEORGE JENKINS BLVD., PO BOX 407 LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEEL, SETH 2000 E. EDGEWOOD DR., STE. 214, PO BOX 883 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOUGHTON, DAVID M 811 E. MAIN STREET LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/10/05-80011-012 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David M. Toughton, Treas Date: 2/7/05 Daytime Phone #: 888-683-6783