


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005352

1. Entity Name
YOUNG PATRIOTS FOUNDATION, INC.



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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01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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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 03/07/06-80032-020 61.25

DO NOT WRITE IN THIS SPACE

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 entries.

SIGNATURE: *David M. Toughton, Treas*
David M. Toughton, Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06 813-68576783

Date Daytime Phone if