

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006581

FILED
Apr 27, 2005
Secretary of State

Entity Name: MARINE YOUTH SERVICES FOUNDATION, INC.

Current Principal Place of Business:

10018 W MCNAB ROAD
SUITE 167
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

10018 W MCNAB ROAD
SUITE 167
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 02-0566035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSHEFSKY, STEVEN L
11130 N.W. 24TH ST.
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUSHEFSKY, KATHRINE M
Address: 11130 N.W. 24TH ST.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: FREY, JERRY
Address: 606 CAMELLIA CT
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: TURNER, DIANE L
Address: 7032 NANDINA LANE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAM, TURNER
Address: 7052 LANTANA LANE
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change () Addition
Name: FRANK, MARTILOTTO
Address: 4257 NW 109 TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change () Addition
Name: HAINES, TARA
Address: 7185 SW 20TH PLACE
City-St-Zip: DAVIE, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM TURNER

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date