

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008418

FILED
Apr 28, 2004
Secretary of State

Entity Name: FAITH FOUNDATION FOR YOUTH, INC.

Current Principal Place of Business:

11930 RIVER ROAD
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

11930 RIVER ROAD
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 54-2082366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROFUT, RASHELLE R
11930 RIVER ROAD
MYAKKA CITY, FL 34251

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: CROFUT, RASHELLE R
Address: 11930 RIVER ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: CROFUT, SCOTT A
Address: 11930 RIVER ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: MAYER, CLAYTON J
Address: 11930 RIVER ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: MAYER, JILL A
Address: 11930 RIVER ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: ZOOK, VERNON
Address: 11930 RIVER ROAD
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RASHELLE R. CROFUT

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date