2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N02000008418

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:

5436 FRUITVILLE RD
PMB BOX 134
SARASOTA, FL 34232

New Mailing Address:

11930 RIVER ROAD
MYAKKA CITY, FL 34251

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 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: 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: D (X) Change ( ) Addition
Name: MILLER, KENNETH
Address: 11930 RIVER ROAD
City-St-Zip: MYAKKA CITY, FL 34251

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 Chapter 119, 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 04/25/2006

Electronic Signature of Signing Officer or Director — Date