

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008418

FILED  
May 29, 2007  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

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

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: MILLER, KENNETH  
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 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 CROFUT

D

05/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date