

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006112

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: S.P.A.R.E. YOUTH INC.

**Current Principal Place of Business:**

622 RENAISSANCE POINTE  
105  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

622 RENAISSANCE POINTE  
105  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 20-0075879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SARGEANT, LAURIE P  
622 RENAISSANCE POINTE  
105  
ALTAMONTE SPRINGS, FL 32714 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: CP ( ) Delete  
Name: SARGEANT, LAURIE  
Address: 622 RENAISSANCE POINTE UNIT 105  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete  
Name: BARRETT, KEON  
Address: 622 RENAISSANCE POINTE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete  
Name: SARGEANT, OSEE  
Address: 7652 ELDORADO PL  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: BARRETT, KEON  
Address: 622 RENAISSANCE POINTE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: LAURIE P SARGEANT

CP

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date