

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000009705**

1. Entity Name  
**SOUTH COUNTY YOUNG ADULT CENTER, INC.**



**Principal Place of Business**

**530 US HWY 41 BYP S  
SUITE 12B  
VENICE, FL 34285-4752**

**Mailing Address**

**530 US HWY 41 BYP S  
SUITE 12B  
VENICE, FL 34285-4752**



04272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0487438**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SHEWMAN, NORMAN  
503 GRANT AVE  
VENICE, FL 34294**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                 |                          |
|-----------------|--------------------------|
| TITLE           | D                        |
| NAME            | SHEWMAN, NORMAN          |
| STREET ADDRESS  | 503 GRANT AVE            |
| CITY - ST - ZIP | VENICE, FL 34294         |
| TITLE           | D                        |
| NAME            | SHORIN, JESSICA P        |
| STREET ADDRESS  | 2750 BAHIA VISTA ST #175 |
| CITY - ST - ZIP | SARASOTA, FL 34239       |
| TITLE           | D                        |
| NAME            | O'NEILL, LISA            |
| STREET ADDRESS  | 706 MATLOND ST           |
| CITY - ST - ZIP | NOKOMIS, FL 34275        |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

1100000361736  
05/05/05-80089-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CPA Robert Danner* 5/2/05  
CPA

Date

Daytime Phone #

941-330-9118