


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90035 018 ****70.00

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1. Entity Name
FOUNTAIN OF YOUTH COMMUNITY ENRICHMENT, INC.



94030333

Principal Place of Business
PO BOX 2736
CRYSTAL RIVER, FL 34423

Mailing Address
PO BOX 2736
CRYSTAL RIVER, FL 34423



2. Principal Place of Business
428 NE 3rd Ave

3. Mailing Address
 Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State
Crystal River, FL

City & State
 Suite, Apt. #, etc.

Zip
34428

Country
U.S.

4. FEI Number
43-2033678

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, LEONARD T
2951 N CARLEEN TERR.
CRYSTAL RIVER, FL 34428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, LEONARD T	
STREET ADDRESS	2951 N CARLEEN TERR.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	V	<input type="checkbox"/> Delete
NAME	ORR, SAMUEL L	
STREET ADDRESS	1616 DRUID ROAD	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAWYER, SHARON E	
STREET ADDRESS	9850 W ARMS DR APT D-4	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34452	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARRISH, STEVE W	
STREET ADDRESS	896 W COLBERT CT	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Leonard T. Smith Leonard T. Smith 04-20-04 552-795-5725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #