

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010083

FILED  
May 04, 2005  
Secretary of State

**Entity Name:** FOUNTAIN OF YOUTH COMMUNITY ENRICHMENT, INC.

**Current Principal Place of Business:**

428 NE 3RD AVE.  
CRYSTAL RIVER, FL 34428

**New Principal Place of Business:**

713 N.E. 5TH STREET  
CRYSTAL RIVER, FL 34428

**Current Mailing Address:**

PO BOX 2736  
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

**FEI Number:** 43-2023678      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

SMITH, LEONARD T  
2951 N CARLEEN TERR.  
CRYSTAL RIVER, FL 34428      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: P      ( ) Delete  
Name: SMITH, LEONARD T  
Address: 2951 N CARLEEN TERR.  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: V      ( ) Delete  
Name: ORR, SAMUEL L  
Address: 1616 DRUID ROAD  
City-St-Zip: INVERNESS, FL 34452

Title: S      ( ) Delete  
Name: SAWYER, SHARON E  
Address: 9850 W ARMS DR APT D-4  
City-St-Zip: CRYSTAL RIVER, FL 34452

Title: T      ( ) Delete  
Name: PARRISH, STEVE W  
Address: 896 W COLBERT CT  
City-St-Zip: BEVERLY HILLS, FL 34465

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

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

Title: V      (X) Change ( ) Addition  
Name: ORR, SAMUEL L  
Address: 22 N. OSCEOLA STREET  
City-St-Zip: BEVERLY HILLS, FL 34465

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 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 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: SAMUEL L. ORR

VP

05/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date