

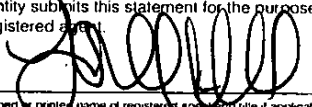



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90166 044 ****70.00

DOCUMENT # N04000006475 1. Entity Name YOUTH VILLAGE, INC.					
Principal Place of Business 226 LANG ROAD FORT WALTON BEACH, FL 32547			Mailing Address P.O. BOX 307 NICEVILLE, FL 32588-0307		
2. Principal Place of Business 312 PELHAM ROAD Suite, Apt. #, etc. X		3. Mailing Address Suite, Apt. #, etc.			
City & State FORT WALTON BEACH, FLORIDA Zip 32547		City & State Zip U.S.A		4. FEI Number 20-1319298	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PITELL, LISA Y 4 ELEVENTH AVE STE 1 SHALIMAR, FL 32579			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4400 E Highway 20, Suite 211 City NICEVILLE FL Zip Code 32578		
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  LISA Y PITELL, Attorney 04/19/05 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGAR, MAE R 175 PROSPECT STREET #15A EAST ORANGE, NJ 07017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O KING VAUGHN 610 N. EGLIN PARKWAY FT. WALTON BEACH, FLORIDA 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, MAURICE 114 CAMELLIA PLACE CRESTVIEW, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAI D AGGIE GIBSON 14075 EMERALD COAST PARKWAY DESTIN, FLORIDA 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIRSK, PHYLLIS 113 THORNHILL ROAD FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/O THIRSK, PHYLLIS 113 THORNHILL ROAD FT. WALTON BEACH, FLORIDA 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGAR, GERETTA 328 CURACAO WAY NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MARIBETH WOLLAAD 45 N.E. BEAL PARKWAY FT. WALTON BEACH, FLORIDA 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, JIMMY 7152 SNUGWATER ROAD NAVARRE, FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  GERETTA BOGAR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04 22 05 850 8972755 <small>Date Daytime Phone #</small>		