

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008946

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** NORRIS D. LANGSTON YOUTH FOUNDATION INC

**Current Principal Place of Business:**

107 LIBERTY ST.  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

107 LIBERTY ST.  
PORT ST JOE, FL 32456

**New Mailing Address:**

PO BOX 391  
PORT ST JOE, FL 32457

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

LANGSTON, DAVID B  
107 LIBERTY ST  
PORT ST JOE, FL 32456 US

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

ADRON, WYNN  
107 LIBERTY ST  
PORT ST JOE, FL 32456 US

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: ADRON WYNN

05/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VC ( ) Delete  
Name: WYNN, ADRON  
Address: 137 AVENUE L  
City-St-Zip: APALACHICOLA, FL 32320

Title: SD ( ) Delete  
Name: LANGSTON, ERIC  
Address: 705 AVENUE A  
City-St-Zip: PORT ST JOE, FL 32456

Title: C (X) Delete  
Name: LANGSTON, DAVID B DR  
Address: P.O. BOX 391  
City-St-Zip: PORT ST. JOE, FL 32457

Title: D ( ) Delete  
Name: BROWN, ANDRE  
Address: 2636 MISSION ROAD  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete  
Name: RAFFIELD, EUGENE  
Address: 2103 CYPRESS AVENUE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete  
Name: RISH, RALPH  
Address: 103 COLONIAL LANE  
City-St-Zip: PORT ST. JOE, FL 32456

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

Title: C (X) Change ( ) Addition  
Name: WYNN, ADRON  
Address: 137 AVENUE L  
City-St-Zip: APALACHICOLA, FL 32320

Title: S/T (X) Change ( ) Addition  
Name: LANGSTON, ERIC  
Address: 705 AVENUE A  
City-St-Zip: PORT ST JOE, FL 32456

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

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

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 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: ADRON WYNN

C

05/04/2009

Electronic Signature of Signing Officer or Director

Date