


NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # NO 010000008949	
1. Entity Name THE Eggleston Youth Education & Economic Development & Service Center INC	

FILED

07 MAY 17 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 107 Liberty St Suite, Apt. #, etc. Port St. JOE FL City & State Port St JOE FL Zip 32456 Country USA		3. Mailing Address 107 Liberty St Suite, Apt. #, etc. Port St. JOE FL City & State Port St. JOE FL Zip 32456 Country USA	
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CR2E037B (8/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LANGSTON DAVID B.
Street Address (P.O. Box Number is Not Acceptable) 107 Liberty St
City Port St. JOE FL Zip Code 32456

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FEE IS \$61.25
Initial or Amended AR**

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 NAME STREET ADDRESS CITY-ST-ZIP Langston ERIC (Sec) 214 Ave A Port St- JOE FL 32456	TITLE NAME STREET ADDRESS CITY-ST-ZIP 600103045606 05/23/07--01003--016 **210.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP Adron WYNN (VC) P.O. Box 10 Apalachicola FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP Langston DAVID B (C) P.O. Box 391 Port St. JOE FL 32457	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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K. Eckel MAY 17 2007

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

05-17-07