

\$70.00

## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008949

1. Entity Name  
THE EGELTON YOUTH EDUCATION & ECONOMIC  
DEVELOPMENT & SERVICE CENTER INC.



Principal Place of Business  
107 LIBERTY ST.  
PORT ST. JOE, FL 32456

Mailing Address  
107 LIBERTY ST.  
PORT ST. JOE, FL 32456

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-NP

CR2E037 (12/06)

08

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

### 6. Name and Address of Current Registered Agent

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

### 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

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 S  
NAME LANGSTON, ERIC ☐ Delete  
STREET ADDRESS 214 AVE A  
CITY- ST- ZIP PORT ST. JOE, FL 32456

TITLE VC  
NAME WYNN, ADRON ☐ Delete  
STREET ADDRESS P O BOX 10  
CITY- ST- ZIP APALACHICOLA, FL 32301

TITLE C  
NAME LANGSTON, DAVID ☐ Delete  
STREET ADDRESS P.O. BOX 391  
CITY- ST- ZIP PORT ST. JOE, FL 32456

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
700115854897  
01/23/08--01006--012 \*\*210.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #