

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000010765

1. Entity Name
CHARLES S. YOUNG AND BARBARA L. YOUNG FAMILY
FOUNDATION, INC.



Principal Place of Business
50 CENTRAL AVE
1710
SARASOTA, FL 34236

Mailing Address
50 CENTRAL AVE
1710
SARASOTA, FL 34236

FILED
Mar 19, 2007 08:00 AM
Secretary of State



03052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1915383

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARNELL, ROBERT W
1820 RINGLING BOULEVARD
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BRUGLER, NANCY L
STREET ADDRESS 5792 MEDALLION DRIVE WEST
CITY-ST-ZIP WESTERVILLE, OH 43082

TITLE D
NAME YOUNG, CHRISTOPHER L
STREET ADDRESS 30 WINDY HILL LANE
CITY-ST-ZIP ROCKY HILL, CT 06067

TITLE D
NAME YOUNG, BARBARA L
STREET ADDRESS 50 CENTRAL AVE #1710
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000671516
03/28/07-00031-019 61.25

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IN THIS SPACE**

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

3/15/07 (941) 929-
Date Daytime Phone #