2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

04-27-2006 90157 009 ****70.00

66017183

04202006 Chg-NP CR2E037 (11/05)

DOCUMENT # N05000003146

1. Entity Name
E EVANS TROUBLED TEENS, INC.

Principal Place of Business
1360 NE 175 ST
CITRA, FL 32113

Mailing Address
PO BOX 1057
CITRA, FL 32113

2. Principal Place of Business: 1539 NE 22 Ave #C
Suite, Apt. #, etc.: C
City & State: Ocala, FL
Zip: 34470 Country: USA

3. Mailing Address: PO Box 1057
Suite, Apt. #, etc.:
City & State: Citra, FL
Zip: 32113 Country: USA

4. FEI Number: 202976524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAMSEY, WILLIAM
6315 SE US HWY 301
HAWTHORNE, FL 32640

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 resigning) DATE

Filing Fee is $61.25
Due by May 1, 2006

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	☐ Delete
	Judy Clark PO Box 1075 \ 1360 NE 175 St Citra, FL 32113 Officer
	Same as Above Judy Clark Director
	Same as Above Judy Clark Secretary

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: X Judy Clark X 4-25-06 X 352 622-4487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #