

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003532

FILED  
May 09, 2007  
Secretary of State

Entity Name: STRENGTH OF THE YOUNG, INC.

## Current Principal Place of Business:

6405 S. PINE AVE.  
OCALA, FL 34480

## New Principal Place of Business:

## Current Mailing Address:

6405 S. PINE AVE.  
OCALA, FL 34480

## New Mailing Address:

FEI Number: 20-2317646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

PERINCHIEF, RICHARD  
6405 S. PINE AVE.  
OCALA, FL 34480      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PERINCHIEF, RICHARD  
Address: 2815 SE 22ND AVE.  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: LIMON, SERGIO  
Address: 5544 SW 44 TH RD  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: LIMON, MARIA  
Address: 5544 SW 44TH RD  
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete  
Name: HAYS, CHRIS  
Address: 7 PINE RADIAL DR.  
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete  
Name: PYE, MIKE  
Address: 3019 SE 22ND AVE.  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: MARIA LIMON

D

05/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date