


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90212 021 ****61.25

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|--|---|--|--|---|--|
| DOCUMENT # N05000006939 1. Entity Name FLORIDIANS FOR YOUTH TOBACCO EDUCATION, INC. | | | |  | |
| Principal Place of Business P.O. BOX 18286 TAMPA, FL 33679 | | | Mailing Address P.O. BOX 18286 TAMPA, FL 33679 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 13-4301974 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE _____ | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir., Chair John Chaperon 2825 NE 35th Court Ft. Lauderdale, FL 33308 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir., Paul Wilkins 4044 Kilmartin Drive Tallahassee, FL 32309 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir., Treasurer Michael Kasper, M.D. 701 Marble Way Boca Raton, FL 33432 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir. Matt Myers 1400 Eye Street, NW Suite 1200 Washington, D.C. 20005 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir., Sybil Edgar 1526 Myerlee Country Club Blvd. Ft. Myers, FL 33919-6716 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir., Marty Larsen 304 SW 85th Terr., Apt. 310 Pembroke Pines, FL 33025-1414 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir., Rao Musunuru, 14100 Fivay Rd., Ste. 160 Hudson, FL 34667 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dir., Allan Geiger, Esq. 1301 Riverplace Blvd., Ste. 1500 Jacksonville, FL 32207-9000 | | 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4/14/06 Daytime Phone # 727-862-1080 | | |