

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90411 021 \*\*\*\*70.00

<b>DOCUMENT # N05000006939</b> 1. Entity Name <b>FLORIDIANS FOR YOUTH TOBACCO EDUCATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 18286 TAMPA, FL 33679</b>			Mailing Address <b>P.O. BOX 18286 TAMPA, FL 33679</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>12-4301974</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>CHAPERON, JOHN</b> <b>4044 KILMARTIN DRIVE</b> <b>2825 NE 35th Court</b> <b>FORT LAUDERDALE, FL 33308</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Allan Geiger, Esquire</b> <b>1301 Riverplace Boulevard, Suite 1500</b> <b>Jacksonville, FL 32207-9000</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MYERS, MATT</b> <b>1400 EYE STREET NW SUITE 1200</b> <b>WASHINGTON, DC 20005</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Paul Wilkins</b> <b>4044 Kilmartin Drive</b> <b>Tallahassee, FL 32309</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>Michael Kasper, MD</b> <b>701 Marble Way</b> <b>Boca Raton, FL 33432</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sybil Edgar</b> <b>1526 Myerlee Country Club Blvd.</b> <b>Ft. Myers, FL 33919-6716</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Marty Larsen</b> <b>304 SW 85th Terrace, Apt. 310</b> <b>Pembroke Pines, FL 33025-1414</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rao Musunuru</b> <b>14100 Fivay Road, suite 160</b> <b>Hudson, FL 34667</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/21/07</b> Daytime Phone # <b>954-683-1540</b>		