

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90068 024 ****61.25

DOCUMENT # N05016

1. Entity Name

PEOPLE FOR DRUG FREE YOUTH, INC.



Principal Place of Business

Mailing Address

1431 S DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168
US

1431 S DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2455801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, KAYE
2428 S. GLENCOE RD
NEW SMYRNA BEACH FL 32168

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	OTTO, BOB	
STREET ADDRESS	1400 N. DIXIE FREEWAY	
CITY-STATE-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	S	☐ Delete
NAME	LICHTER, JUDITH	
STREET ADDRESS	826 NAVIGATORS WAY	
CITY-STATE-ZIP	EDGEWATER FL 32141	
TITLE	T	☐ Delete
NAME	CILICCI, KIM	
STREET ADDRESS	702 FOX TRL. CT	
CITY-STATE-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	President	☐ Delete
NAME	Linda Froman	
STREET ADDRESS	941 Mill Rd Lane	
CITY-STATE-ZIP	Port Orange, FL 32127	
TITLE	Secretary	☐ Delete
NAME	Connie Corwin	
STREET ADDRESS	621 Goodwin Ave	
CITY-STATE-ZIP	New Smyrna Bch, FL 32169	
TITLE	Director	☐ Delete
NAME	Oretha Bell	
STREET ADDRESS	620 W Duss ST	
CITY-STATE-ZIP	New Smyrna Beach FL 32168	

TITLE	Director	☐ Change ☐ Addition
NAME	Take Ball	
STREET ADDRESS	1039 Bewlah Dr	
CITY-STATE-ZIP	Edgewater, FL 32132	
TITLE	Director	☐ Change ☐ Addition
NAME	Cynthia Krummenacker	
STREET ADDRESS	1039 Bewlah Dr	
CITY-STATE-ZIP	Edgewater, FL 32132	
TITLE	Vice President	☐ Change ☐ Addition
NAME	Kaye Walker	
STREET ADDRESS	2428 S. Glencoe Rd	
CITY-STATE-ZIP	New Smyrna Beach, FL 32168	
TITLE	Director	☐ Change ☐ Addition
NAME	Kim Laramie	
STREET ADDRESS	P.O. Box 1364	
CITY-STATE-ZIP	Oak Hill, FL 32759	
TITLE	Director	☐ Change ☐ Addition
NAME	OTTO	
STREET ADDRESS	1400 N DIXIE FREEWAY	
CITY-STATE-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kaye Walker Kaye Walker

4-27-07

386-423-7911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #