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

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2455801 — Applied For / Not Applicable

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

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	TITLE	Director ☐ Change ☐ Addition
NAME	OTTO, BOB	NAME	Jake Ball
STREET ADDRESS	1400 N. DIXIE FREEWAY	STREET ADDRESS	1039 Beulah Dr
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	CITY-ST-ZIP	Edgewater, Fl 32132
TITLE	S ☐ Delete	TITLE	Director ☐ Change ☐ Addition
NAME	LICHTER, JUDITH	NAME	Cynthia Krummenacker
STREET ADDRESS	826 NAVIGATORS WAY	STREET ADDRESS	1039 Beulah Dr
CITY-ST-ZIP	EDGEWATER FL 32141	CITY-ST-ZIP	Edgewater, Fl 32132
TITLE	T ☐ Delete	TITLE	Vice President ☐ Change ☐ Addition
NAME	CIUCCI, KIM	NAME	Kaye Walker
STREET ADDRESS	702 FOX TRL. CT	STREET ADDRESS	2428 S. Glencoe Rd
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	CITY-ST-ZIP	New Smyrna Beach, Fl 32168
TITLE	President ☐ Delete	TITLE	Director ☐ Change ☐ Addition
NAME	Linda Froman	NAME	Kim Laramie
STREET ADDRESS	941 Mill Rd Lane	STREET ADDRESS	P.O. Box 1364
CITY-ST-ZIP	Port Orange, Fl. 32127	CITY-ST-ZIP	Oak Hill, Fl 32759
TITLE	Secretary ☐ Delete	TITLE	~~Director~~ ☐ Change ☐ Addition
NAME	Connie Corwin	NAME	~~Bob Otto~~
STREET ADDRESS	621 Goodwin Ave	STREET ADDRESS	~~1400 N. Dixie Freeway~~
CITY-ST-ZIP	New Smyrna Bch, Fl 32169	CITY-ST-ZIP	~~New Smyrna Beach, Fl 32168~~
TITLE	Director ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Oretha Bell	NAME	
STREET ADDRESS	620 N Duss ST	STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Beach Fl 32168	CITY-ST-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 #