

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

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90056 045 ****61.25

DOCUMENT # N06000008309

1. Entity Name

JOINING OUR YOUTH, INC.



Principal Place of Business

8152 LONGBAY BLVD.
SARASOTA FL 34243

Mailing Address

8152 LONGBAY BLVD.
SARASOTA FL 34243



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

51-0396447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, SUSAN L
1800 SECOND STREET
SUITE 799
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1800 SECOND STREET, Suite 780

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

Susan L. Chapman

Signature, typed or printed name of registered agent and title (required)

NOTE: Registered agent signature required when so stating

4/25/07

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FITZGERALD, TISH	
STREET ADDRESS	8152 LONGBAY BLVD.	
CITY-STATE-ZIP	SARASOTA FL 34243	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STRICKLAND, MARIAN	
STREET ADDRESS	8176 LONGBAY BLVD.	
CITY-STATE-ZIP	SARASOTA FL 34243	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTELL, SALLY	
STREET ADDRESS	7114 HARKS HARBOR CIRCLE	
CITY-STATE-ZIP	BRADENTON FL 34207	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOULTON, MARY-LOU	
STREET ADDRESS	3796 COUNTRYSIDE ROAD	
CITY-STATE-ZIP	SARASOTA FL 34233	
TITLE	CS	<input type="checkbox"/> Delete
NAME	WEIS, EDRIS	
STREET ADDRESS	5430 EAGLES POINT CIRCLE	
CITY-STATE-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tish Fitzgerald

Signature and typed or printed name of signing officer or director

4/25/07 (941) 360-9207