


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90129 009 \*\*\*\*70.00

<b>DOCUMENT # N06000010105</b> 1. Entity Name <b>HARVEY AND SYLVIA YOUNG CHARITABLE FOUNDATION, INC.</b>					
Principal Place of Business <b>1833 S. OCEAN DR., #1012 HALLANDALE, FL 33009</b>			Mailing Address <b>1833 S. OCEAN DR., #1012 HALLANDALE, FL 33009</b>		
2. Principal Place of Business - No P.O. Box # <b>7525 N. CAMINO SIN VACAS</b>		3. Mailing Address <b>7525 N. CAMINO SIN VACAS</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>TUCSON, AZ</b>		City & State <b>TUCSON, AZ</b>		4. FEI Number <b>61-1510360</b>	
Zip <b>85718</b>		Country <b>USA</b>		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>CRAIG DONOFF P.A. 6100 GLADES RD., #301 BOCA RATON, FL 33434</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 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	PD YOUNG, HARVEY 1833 S. OCEAN DR., #1012 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7525 N. CAMINO SIN VACAS TUCSON, AZ 85718</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNG, JAMES 1833 S. OCEAN DR., #1012 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7525 N. CAMINO SIN VACAS TUCSON, AZ 85718</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YOUNG, RICHARD 1833 S. OCEAN DR., #1012 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7525 N. CAMINO SIN VACAS TUCSON, AZ 85718</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Harvey Young</i> <b>PRESIDENT</b>			<b>7/11/07</b> <b>(520) 531-8938</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		