

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N07037 1. Entity Name CALOOSA YOUTH SUPPORT, INC.			
Principal Place of Business %J. MICHAEL SWAINE 2713 NE LAKEVIEW DR SEBRING, FL 33870		Mailing Address %J. MICHAEL SWAINE 2713 NE LAKEVIEW DR SEBRING, FL 33870	
DO NOT WRITE IN THIS SPACE			
			
		01062004 No Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2534132		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEACOCK, FORD W., JR. 2713 NE LAKEVIEW DRIVE SEBRING, FL 33870		DO NOT WRITE IN THIS SPACE	
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> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEACOCK, FORD W., JR. 2713 NE LAKEVIEW DRIVE SEBRING, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ANDREWS, MARK L 4022 WESTMINSTER RD SEBRING, FL 33872		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SWAINE, J. MICHAEL 245 S COMMERCE AVENUE SEBRING, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>For: W. Heacock</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-6-04 867-385-5171 <small>Date Daytime Phone #</small>	