

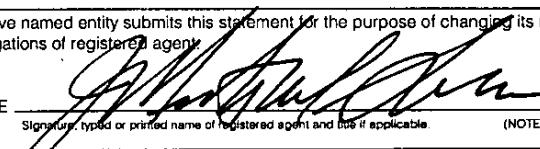
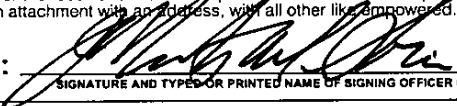


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90004 027 \*\*\*\*61.25

<b>DOCUMENT # N07037</b> 1. Entity Name <b>CALOOSA YOUTH SUPPORT, INC.</b>					
Principal Place of Business <b>%J. MICHAEL SWAINE</b> <b>2881 LAKEVIEW DR</b> <b>SEBRING, FL 33870</b>			Mailing Address <b>%J. MICHAEL SWAINE</b> <b>2881 LAKEVIEW DR</b> <b>SEBRING, FL 33870</b>		
2. Principal Place of Business <b>425 S. Commerce Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>425 S. Commerce Ave.</b> Suite, Apt. #, etc.			
City & State <b>Sebring, FL</b>		City & State <b>Sebring, FL</b>		4. FEI Number <b>59-2534132</b>	
Zip <b>33870</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HEACOCK, FORD W., JR.</b> <b>2881 LAKEVIEW DR</b> <b>SEBRING, FL 33870</b>		7. Name and Address of New Registered Agent Name <b>Swaine, J. Michael</b> Street Address (P.O. Box Number is Not Acceptable)  <b>425 South Commerce Avenue</b> City <b>Sebring</b> <b>FL</b> Zip Code <b>33870</b>			
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 		<b>J. Michael Swaine</b>		Feb. <b>8</b> , 2006	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HEACOCK, FORD W., JR.</b> <b>2713 NE LAKEVIEW DRIVE</b> <b>SEBRING, FL</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>ANDREWS, MARK L</b> <b>4022 WESTMINSTER RD</b> <b>SEBRING, FL 33872</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>SWAINE, J. MICHAEL</b> <b>245 S COMMERCE AVENUE</b> <b>SEBRING, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>Heacock, Austin M.</b> <b>100 S. Huckleberry Lake Dr.</b> <b>Sebring, FL 33875</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>Heacock, Austin M.</b> <b>100 S. Huckleberry Lake Dr.</b> <b>Sebring, FL 33875</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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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.					
SIGNATURE: 		<b>J. Michael Swaine</b>		Feb. <b>8</b> , 2006 <b>863-385-1549</b>	