

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07037

1. Entity Name
CALOOSA YOUTH SUPPORT, INC.



Principal Place of Business
425 S COMMERCE AVE
SEBRING, FL 33870

Mailing Address
425 S COMMERCE AVE
SEBRING, FL 33870

FILED
Jun 12, 2008 08:00 AM
Secretary of State



06062008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2534132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWAINE, J. MICHAEL
425 S COMMERCE AVE
SEBRING, FL 33870

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ANDREWS, MARK L
4022 WESTMINSTER RD
SEBRING, FL 33872

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SWAINE, J. MICHAEL
425 S. COMMERCE AVENUE
SEBRING, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
HEACOCK, AUSTIN M
100 S HUCKLEBERRY LK DR
SEBRING, FL 33875

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000953045
06/12/08-80001-021, 61.25

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IN THIS SPACE**

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: J. Michael Swaine, STD June 9, 2008 863-385-1549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #