2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# N08742

Entity Name: ECKERD YOUTH ALTERNATIVES, INC.

Current Principal Place of Business:

100 NORTH STARCREST DRIVE
P. O. BOX 7450
CLEARWATER, FL 33758

New Principal Place of Business:

Current Mailing Address:

100 NORTH STARCREST DRIVE
P. O. BOX 7450
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 59-2551416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASPER, SUSAN
100 NORTH STARCREST DRIVE
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ECKERD, RUTH B	
Address:	100 N. STARCREST DR.	
City-St-Zip:	CLEARWATER, FL	
Title:	D	( ) Delete
Name:	CLARK, JOSEPH W	
Address:	100 N STARCREST DR	
City-St-Zip:	CLEARWATER, FL	
Title:	D	( ) Delete
Name:	HART, NANCY	
Address:	100 N STARCREST DRIVE	
City-St-Zip:	CLEARWATER, FL	
Title:	D	( ) Delete
Name:	SWANN, JAMES T	
Address:	100 NORTH STARCREST DRIVE	
City-St-Zip:	CLEARWATER, FL	
Title:	D	( ) Delete
Name:	WADDELL, KAREN V	
Address:	100 NORTH STARCREST DRIVE	
City-St-Zip:	CLEARWATER, FL	
Title:	P	( ) Delete
Name:	O'HERRON, KEN PRES	
Address:	100 N STARCREST DR	
City-St-Zip:	CLEARWATER, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN G CASPER CFO 03/22/2006

Electronic Signature of Signing Officer or Director — Date