

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006345

FILED  
Jan 06, 2012  
Secretary of State

Entity Name: ES3 YOUTH FOUNDATION, INC.

**Current Principal Place of Business:**

105 VARIETY TREE CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 161326P/  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

P.O. BOX 161326  
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 27-3069710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEINER, AMY R  
797 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714 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: P/D  
Name: JAMES, WILLIAM R  
Address: 105 VARIETY TREE CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP/D  
Name: WALLS, EDWARD V  
Address: 4443 SHADY ROCK COURT  
City-St-Zip: APOPKA, FL 32712 US

Title: S  
Name: JAMES, WILLIAM R  
Address: 105 VARIETY TREE CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: T  
Name: WALLS, EDWARD V  
Address: 4443 SHADY ROCK COURT  
City-St-Zip: APOPKA, FL 32712 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. JAMES

P/D

01/06/2012

Electronic Signature of Signing Officer or Director

Date