

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

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N28703**

1. Entity Name  
**CARVER ESTATES YOUTH PROGRAM INC.**



Principal Place of Business  
**C/O KATHY FRYER  
770 SW 12 TERRACE  
DELRAY BEACH, FL 33444**

Mailing Address  
**770 SW 12 TERRACE  
DELRAY BEACH, FL 33444 US**



02132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**59-2421317**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FRYER, KATHY  
770 SW. 12 TERRACE  
DELRAY, FL 33444**

**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

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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000108275  
04/09/04-80049-002 70.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
ANDREWS, GEORGE  
3900 JOG RD  
BOCA RATON, FL 33434**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
KERN, KEITH D  
50 SE 4 AVENUE  
DELRAY BEACH, FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
SCHROEDER, LARRY  
300 ATLANTIC AVENUE  
DELRAY BEACH, FL 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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: **Kathleen Fryer, KATHLEEN FRYER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.1.04 561-272-9338**

Date Daytime Phone #