
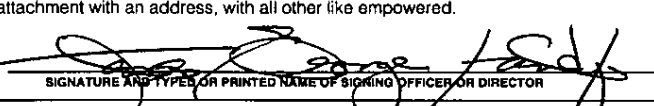


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N36103</b> 1. Entity Name <b>ORLANDO FAMILY CARE FOR YOUTH, INC.</b>						<b>FILED</b> <b>05 APR 12 AM 8:15</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>4520 COLLEGE DRIVE ORLANDO, FL 32811</b>				Mailing Address <b>P.O. BOX 2264 EATONVILLE, FL 32751</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>MORRELL, JOSEPH ATTY. 501 N. MAGNOLIA AVENUE SUITE C ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>65-0170699</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CPD TAYLOR, CLIFFORD 600 LIME STREET EATONVILLE, FL 32751</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>500054012325 05/06/05--01059--015 ***61.25</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VD HARRIS, JACQUE F 317 TEAKWOOD LANE ALTAMONTE SPRINGS, FL 32701</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D THREATS, ARTHOR 2403 STRICKER DR OCOE, FL 34761</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>STD HARDY, JAMES GEORGE 1020 GROVE STREET MAITLAND, FL 32751</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D HARDY, TONY LARRY 1047 PARKWOOD AVENUE GROVELAND, FL 34736</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.							
<b>SIGNATURE:</b>  <div style="float: right; text-align: right;"> <b>4/11/05</b>          Date       </div>							