

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36103

FILED
Jul 12, 2006
Secretary of State

Entity Name: ORLANDO FAMILY CARE FOR YOUTH, INC.

Current Principal Place of Business:

4520 COLLEGE DRIVE
ORLANDO, FL 32811

New Principal Place of Business:

8 BEL AIR STREET
EATONVILLE, FL 32751

Current Mailing Address:

P.O. BOX 2264
EATONVILLE, FL 32751

New Mailing Address:

FEI Number: 65-0170699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRELL, JOSEPH ATTY.
501 N. MAGNOLIA AVENUE
SUITE C
ORLANDO, FL 32801 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: CPD () Delete
Name: TAYLOR, CLIFFORD,
Address: 600 LIME STREET
City-St-Zip: EATONVILLE, FL 32751

Title: VD () Delete
Name: HARRIS, JACQUE F
Address: 317 TEAKWOOD LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: THREATS, ARTHOR
Address: 2403 STRICKER DR
City-St-Zip: OCOEE, FL 34761

Title: STD () Delete
Name: HARDY, JAMES GEORGE
Address: 1020 GROVE STREET
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: HARDY, TONY LARRY
Address: 1047 PARKWOOD AVENUE
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: TAYLOR, IDELLA
Address: 300 TEAKWOOD LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32771

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: CLIFFORD TAYLOR

CPD

07/12/2006

Electronic Signature of Signing Officer or Director

_____ Date