

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 01, 2012
Secretary of State

DOCUMENT# N42023

Entity Name: TARPON SPRINGS FOR YOUTH, INCORPORATED**Current Principal Place of Business:**150 JASMINE ST.
TARPON SPRINGS, FL 34689**New Principal Place of Business:****Current Mailing Address:**PO BOX 661
TARPON SPRINGS, FL 34688**New Mailing Address:****FEI Number:** 59-2974758**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHAFF, DONNA
1407 GARDEN AVE
TARPON SPRINGS, FL 34689 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: POPE, RON
Address: 336 HIGH STREET
City-St-Zip: TARPON SPRINGS, FL 34689MZ

Title: VP,D
Name: NOTO, MIKE
Address: 265 WOODCHUCK AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP,D
Name: KLIMIS, TIM M
Address: 875 SEMINOLE BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S,D
Name: POPE, DEBRA
Address: 4015 BONITA ROAD
City-St-Zip: HOLIDAY, FL 34691

Title: T,D
Name: SCHAFF, DONNA
Address: 1407 GARDEN AVE
City-St-Zip: TARPON SPRINGS, FL 34689

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: DONNA SCHAFF

SD

08/01/2012

Electronic Signature of Signing Officer or Director

Date