

N42023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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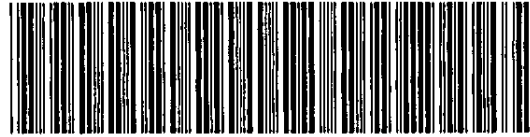
(Business Entity Name)

(Document Number)

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*RAEY*  
*8/19/13*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tarpon Springs For Youth, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N42023

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald H. Pope

Name of Contact Person

Tarpon Springs For Youth, Inc.

Firm/Company

336 High Street

Address

Tarpon Springs, FL 34689

City/State and Zip Code

rpope3506@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Pope

Name of Contact Person

at ( 727 ) 946-9369

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tarpon Springs For Youth, Incorporated

2. The principal office address: 150 Jasmine Avenue, Tarpon Springs, FL 34689

3. The mailing address (if different): P.O. Box 661, Tarpon Springs, FL 34689

4. Date of incorporation/qualification: 2/11/1991 Document number: N42023

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Donna Schaff

1407 Garden Avenue

Tarpon Springs, FL 34689

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kimberly Licari

7220 Fireside Drive

P.O. Box NOT acceptable

Port Richey, FL 34668

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ronald H. Pope  
Signature of an officer or director

Ronald H. Pope  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Kimberly Licari  
Signature of Registered Agent

8-8-13  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*