

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91005 015 ****61.25

DOCUMENT # N45093

1. Entity Name
EVERGREEN YOUTH FOUNDATION, INC.



Principal Place of Business
**23 MALACOMPRA
PALM COAST, FL 32137 US**

Mailing Address
**312 WEST FIRST STREET SUITE 612
SANFORD, FL 32771 US**



2. Principal Place of Business

3. Mailing Address

**312 WEST FIRST STREET
SUITE 503**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04212004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3105015

Applied For
Not Applicable.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARTMAN, J. MICHAEL
312 WEST FIRST STREET SUITE 612
SANFORD, FL 32771**

Name

Street Address (P.O. Box Number is Not Acceptable)

**312 WEST FIRST STREET
SUITE 503**

City

FL

Zip Code

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME DRUMM, LAURA
STREET ADDRESS 23 MALACOMPRA ROAD
CITY-ST-ZIP PALM COAST, FL 32137

TITLE VP ☒ Change ☐ Addition
NAME **CONE, LAURA**
STREET ADDRESS 23 MALACOMPRA ROAD
CITY-ST-ZIP PALM COAST FL 32137

TITLE PD ☐ Delete
NAME CONE, DENNIS
STREET ADDRESS 770 GREENS AVENUE
CITY-ST-ZIP WINTER PARK, FL

TITLE ☒ Change ☐ Addition
NAME 23 MALACOMPRA RD
CITY-ST-ZIP PALM COAST FL 32137

TITLE T ☐ Delete
NAME HARTMAN, JM
STREET ADDRESS 312 W 1ST ST, 612
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☒ Change ☐ Addition
NAME 312 W 1ST ST STE 503
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COHEN, MICHAEL DR
STREET ADDRESS 933 LANCASTER DR
CITY-ST-ZIP ORLANDO, FL 32806

TITLE TRUSTEE, D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILL, CHUCK
STREET ADDRESS 2720 S. OCEAN BLVD #113
CITY-ST-ZIP PALM BEACH, FL 334805464

TITLE TRUSTEE, D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRUSTEE, D** ☒ ADD
NAME **JAN STEVENSON**
STREET ADDRESS 23 MALACOMPRA ROAD
CITY-ST-ZIP PALM COAST FL 32137

TITLE **TRUSTEE, D** ☐ Change ☒ Addition
NAME **PETER BLAY**
STREET ADDRESS 23 MALACOMPRA RD
CITY-ST-ZIP PALM COAST FL 32137

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: [Handwritten Signature] Treas.

4/21/04 328-4588