

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# N45093

Entity Name: EVERGREEN YOUTH FOUNDATION, INC.

Current Principal Place of Business:

23 MALACOMPRA
PALM COAST, FL 32137 US

New Principal Place of Business:

23 MALACOMPRA RD
PALM COAST, FL 32137 US

Current Mailing Address:

312 WEST FIRST STREET SUITE 503
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-3105015 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:

HARTMAN, J. MICHAEL
312 WEST FIRST STREET SUITE 503
SANFORD, FL 32771 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: VP () Delete
Name: DOVE, LAURA
Address: 23 MALACOMPRA ROAD
City-St-Zip: PALM COAST, FL 32137

Title: PD () Delete
Name: CONE, DENNIS
Address: 23 MALACOMPRA RD
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: HARTMAN, JM
Address: 312 W 1ST ST STE 503
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: COHEN, MICHAEL DR
Address: 933 LANCASTER DR
City-St-Zip: ORLANDO, FL 32806

Title: TD () Delete
Name: WILL, CHUCK
Address: 2720 S. OCEAN BLVD #113
City-St-Zip: PALM BEACH, FL 334805464

Title: TD () Delete
Name: STEVENSON, JAN
Address: 23 MALACOMPRA RD
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CONE, LAURA
Address: 23 MALACOMPRA ROAD
City-St-Zip: PALM COAST, FL 32137

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

Title: TR (X) Change () Addition
Name: HARTMAN, J.MICHAEL
Address: 312 W 1ST ST STE 503
City-St-Zip: SANFORD, FL 32771

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

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 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 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: J.MICHAEL HARTMAN

TR

06/28/2005

Electronic Signature of Signing Officer or Director

_____ Date