


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45093**  
 1. Entity Name  
**EVERGREEN YOUTH FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**23 MALACOMPRA RD**      **312 WEST FIRST STREET SUITE 503**  
**PALM COAST, FL 32137 US**      **SANFORD, FL 32771 US**

**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>59-3105015</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HARTMAN, J. MICHAEL**  
**312 WEST FIRST STREET SUITE 503**  
**SANFORD, FL 32771**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONE, LAURA 23 MALACOMPRA ROAD PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONE, DENNIS 23 MALACOMPRA RD PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HARTMAN, J.MICHAEL 312 W 1ST ST STE 503 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COHEN, MICHAEL DR 933 LANCASTER DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILL, CHUCK 2720 S. OCEAN BLVD #113 PALM BEACH, FL 334805464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEVENSON, JAN 23 MALACOMPRA RD PALM COAST, FL 32137

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 05/17/06-80090-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **Treas.**      **4/28/06**      **(407) 328-4588**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #