

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N45093

1. Entity Name
EVERGREEN YOUTH FOUNDATION, INC.



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

Mailing Address
**312 WEST FIRST STREET SUITE 503
SANFORD, FL 32771 US**



04292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000344793
05/29/08-80113-020 61.25

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

Daytime Phone #