

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45093

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: EVERGREEN YOUTH FOUNDATION, INC.

**Current Principal Place of Business:**

23 MALACOMPRA RD  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**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 ( )

**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: CONE, 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: TR ( ) Delete  
Name: HARTMAN, J.MICHAEL  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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 exemption stated 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 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

04/27/2009

Electronic Signature of Signing Officer or Director

Date