

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45093

FILED
Apr 10, 2012
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:

23 MALACOMPRA RD
PALM COAST, FL 32137 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:

CONE, DENNIS
23 MALACOMPRA RD
PALM COAST, FL 32137 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
Name: CONE, LAURA
Address: 23 MALACOMPRA ROAD
City-St-Zip: PALM COAST, FL 32137

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

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

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

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

Title: TD
Name: BLAY, PETE
Address: 23 MALA COMPRA RD
City-St-Zip: PALM COAST, FL 32137

I hereby 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 all other like empowered.

SIGNATURE: DENNIS COME

PD

04/10/2012

Electronic Signature of Signing Officer or Director

Date