

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90064 003 *****61.25

DOCUMENT # N45093

1. Entity Name

EVERGREEN YOUTH FOUNDATION, INC.



Principal Place of Business

**23 MALACOMPRA
PALM COAST FL 32137
US**

Mailing Address

**312 WEST FIRST STREET SUITE 612
SANFORD FL 32771
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3105015**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HARTMAN, J. MICHAEL
312 WEST FIRST STREET SUITE 612
SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **DRUMM, LAURA**
STREET ADDRESS **23 MALACOMPRA ROAD**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **PD** ☐ Delete
NAME **CONE, DENNIS**
STREET ADDRESS **770 GREENS AVENUE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **SD** ☒ Delete
NAME **NORGROVE, JIM**
STREET ADDRESS **770 GREENS AVE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **T** ☐ Delete
NAME **HARTMAN, JM**
STREET ADDRESS **312 W 1ST ST, 612**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ Delete
NAME **COHEN, MICHAEL DR**
STREET ADDRESS **933 LANCASTER DR**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Delete
NAME **WILL, CHUCK**
STREET ADDRESS **2720 S. OCEAN BLVD #113**
CITY-ST-ZIP **PALM BEACH FL 33480-5464**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

John A. Cohen, Jr. Treas. 4/28/03

CR2E037 (10/02)