

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49839

FILED
Apr 23, 2008
Secretary of State

Entity Name: YOUTH HAVEN FOUNDATION, INC.

Current Principal Place of Business:

5867 WHITTAKER RD.
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

5867 WHITTAKER RD
NAPLES, FL 34112 US

New Mailing Address:

5867 WHITTAKER RD.
NAPLES, FL 34112

FEI Number: 65-0419424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSON, WILLIAM
GRANT,FRIDKIN,PEARSON,ATHAN & CROWN, PA
5551 RIDGEWOOD DR, STE. 501
NAPLES, FL 34108 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: P () Delete
Name: CROWN, HOWARD L
Address: 1717 MARSH RUN
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: BOYD, CAROL B
Address: 6613 GEORGE WASHINGTON WAY
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: MARSHALL, BRADFORD K
Address: 3054 DRIFTWOOD WAY #4504
City-St-Zip: NAPLES, FL 34109

Title: S () Delete
Name: GABLE, JANET F
Address: 376 YUCCA ROAD
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LONG, DAVID J
Address: 2390 KING PALM WAY
City-St-Zip: NAPLES, FL 34105

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: BRADFORD K MARSHALL

T

04/23/2008

Electronic Signature of Signing Officer or Director

Date