

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91065 001 ****61.25

DOCUMENT # N93000000293					
1. Entity Name FLORIDA YOUTH FOUNDATION, INC.		Principal Place of Business 1109 W. GRANT ST. PLANT CITY, FL 33566 US			
Mailing Address 1904 MASTERS WAY PLANT CITY, FL 33567 US					
2. Principal Place of Business 506 N ALEXANDER ST.				3. Mailing Address P.O. Box 848	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State PLANT CITY, FLA.				City & State PLANT CITY FL	
Zip 33563		Country U.S.A.			
Zip 33564-0848		Country U.S.A.			
4. FEI Number 59-3193382		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOWARD, HENRY 1904 MASTERS WAY PLANT CITY, FL 33567		7. Name and Address of New Registered Agent Name: DAVID H. GALLOWAY Street Address (P.O. Box Number is Not Acceptable): 506 N ALEXANDER ST City: PLANT CITY FL Zip Code: 33563			
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: <u>David H. Galloway</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE: P/D NAME: HOWARD, HENRY STREET ADDRESS: 1904 MASTERS WAY CITY-ST-ZIP: PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT, DIRECTOR NAME: DAVID H. GALLOWAY STREET ADDRESS: 506 N ALEXANDER ST CITY-ST-ZIP: PLANT CITY FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: V/D NAME: JEANETTE, HOWARD STREET ADDRESS: 1109 W. GRANT ST. CITY-ST-ZIP: PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NAME: LISA GALLOWAY STREET ADDRESS: 1209 E TIMBERLANE DR CITY-ST-ZIP: PLANT CITY FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: D NAME: MALINOWSKI, ROBIN STREET ADDRESS: 1109 W. GRANT ST CITY-ST-ZIP: PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NAME: MAMIE WEST STREET ADDRESS: 506 N ALEXANDER ST CITY-ST-ZIP: PLANT CITY FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>David H. Galloway</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					