


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90196 011 ****61.25

DOCUMENT # N93000002435					
1. Entity Name NATIONAL FOUNDATION FOR YOUTH, INC.					
Principal Place of Business 100 N STARCREST DR STE 202 CLEARWATER, FL 33765 US			Mailing Address P. O. BOX 5165 CLEARWATER, FL 33759 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 59-3184658	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMOUT, LESLIE R 100 NORTH STARCREST DRIVE CLEARWATER, FL 33765				Name E B Marshall	
				Street Address (P.O. Box Number is Not Acceptable) 100 N STARCREST	
				City CLEARWATER	FL Zip Code 33765
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>E B Marshall</u> EB MARSHALL				DATE 4.8.05	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <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	CD	<input type="checkbox"/> Delete		TITLE	T
NAME	SWANN, JAMES T III			NAME	E B MARSHALL
STREET ADDRESS	100 NORTH STARCREST DR.			STREET ADDRESS	100 N STARCREST
CITY-ST-ZIP	CLEARWATER, FL 33765			CITY-ST-ZIP	CLEARWATER FL 33765
TITLE	EX	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	SMOUT, LESLIE R			NAME	
STREET ADDRESS	100 NORTH STARCREST DR.			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	HART, NANCY E			NAME	
STREET ADDRESS	100 NORTH STARCREST DR.			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33765			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	LASSITER, ROSEMARY			NAME	
STREET ADDRESS	100 NORTH STARCREST DR.			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33765			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	ECKERD, RICHARD			NAME	
STREET ADDRESS	100 NORTH STARCREST DR.			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33765			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	SHORT, JOHN P JR.			NAME	
STREET ADDRESS	100 NORTH STARCREST DR.			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33765			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: <u>E B Marshall</u> EB MARSHALL				DATE 4.8.05 (727)461-1524	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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