

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3184658

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, E B
100 NORTH STARCREST DRIVE
CLEARWATER, FL 33765**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SWANN, JAMES T III
STREET ADDRESS	100 NORTH STARCREST DR.
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	T
NAME	MARSHALL, E B
STREET ADDRESS	100 NORTH STARCREST DR.
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	D
NAME	HART, NANCY E
STREET ADDRESS	100 NORTH STARCREST DR.
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	D
NAME	LASSITER, ROSEMARY
STREET ADDRESS	100 NORTH STARCREST DR.
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	D
NAME	ECKERD, RICHARD
STREET ADDRESS	100 NORTH STARCREST DR.
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	D
NAME	SHORT, JOHN P JR.
STREET ADDRESS	100 NORTH STARCREST DR.
CITY-ST-ZIP	CLEARWATER, FL 33765

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *E.B. Marshall* **E. B. Marshall**
Treasurer

01/30/06-80018-006 61.25
019-06 (727) 461-1524