

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90189 036 ****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



01102007 No Chg-NP CR2E037 (4/06)

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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

~~MARSHALL, E B~~
 100 NORTH STARCREST DRIVE
 CLEARWATER, FL 33765
 MALCOLM KIRSCHENBAUM
 516 DELANNOY AVE COCOA, FLA 32922

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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: *Malcolm Kirschenbaum* MALCOLM KIRSCHENBAUM DATE: 4/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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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 Date: 4-3-07 (727) 461-1524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR