

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90084 046 ****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 - No P.O. Box # 516 DELANNOY AVE		3. Mailing Address P.O. Box 3767	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cocoa FL		City & State Cocoa FL	
Zip 32922		Zip 32924-3767	
Country USA		Country USA	
6. Name and Address of Current Registered Agent KIRSCHEN, MALCOLM B 516 DELANNEY AVE COCOA, FL 32922		4. FEI Number 59-3184658	
7. Name and Address of New Registered Agent Name KIRSCHENBAUM, MALCOLM R Street Address (P.O. Box Number is Not Acceptable) 516 DELANNOY AVE City Cocoa		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01242008 Chg-NP CR2E037 (12/06)	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		MALCOLM R. KIRSCHENBAUM 2/29/08 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 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	CDT SWANN, JAMES T III 516 DELANNOY AVE COCOA FL 32922
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	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
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 HART, NANCY E 516 DELANNOY AVE COCOA FL 32922
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 LASSITER, ROSEMARY 516 DELANNOY AVE COCOA FL 32922
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 ECKERD, RICHARD 516 DELANNOY AVE COCOA FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORT, JOHN P JR. 100 NORTH STARCREST DR. CLEARWATER, FL 33765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORT, JOHN P JR. 516 DELANNOY AVE COCOA FL 32922
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		James T Swann III 2/29/08 321 631-2022 <small>Date Daytime Phone #</small>	