

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004864

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** TRUTH FOR YOUTH, INC.

**Current Principal Place of Business:**

2299 COUNTRY PLACE CIRCLE  
PENSACOLA, FL 32534

**New Principal Place of Business:**

**Current Mailing Address:**

2299 COUNTRY PLACE CIRCLE  
PENSACOLA, FL 32534

**New Mailing Address:**

**FEI Number:** 59-3273230      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

POWELL, JOHN H  
2299 COUNTRY PLACE CIR.  
PENSACOLA, FL 32534 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** POWELL, JOHN H  
**Address:** 2299 COUNTRY PLACE CIRCLE  
**City-St-Zip:** PENSACOLA, FL 32534

**Title:** SD  
**Name:** POWELL, DOROTHY  
**Address:** 2299 COUNTRY PLACE CIRCLE  
**City-St-Zip:** PENSACOLA, FL 32534

**Title:** DVP  
**Name:** CURRY, ERNEST  
**Address:** 1911 HWY 297-A  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** FS  
**Name:** RIVERS, GEORGIA J  
**Address:** 245 NORTH 'J' STREET  
**City-St-Zip:** PENSACOLA, FL 32501

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN POWELL

P

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date