

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

55 APR 28 PM 6:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005643 (1)

1. Corporation Name

NORTH AMERICAN YOUTH FOUNDATION SERVICES, INC.

Principal Place of Business

10289 129 TERRACE NORTH
LARGO FL 34643

Mailing Address

10289 129 TERRACE NORTH
LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 10003 Hines Road

2a. Mailing Address

26 (same)

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Tampa, FL

City & State

28

24 Zip

33610

Country

25 Hillsborough

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WHITE, JAMES E
10003 HINES ROAD
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME WHITE, JAMES E
STREET ADDRESS 10003 HINES ROAD
CITY - ST - ZIP TAMPA FL 33610

TITLE PD
NAME PICKENS, JAMES R
STREET ADDRESS 75 WOODCUTTER LANE
CITY - ST - ZIP PALM HARBOR FL 34683

TITLE TD
NAME CHAPIN, DALE C
STREET ADDRESS 7393 17 WAY NO.
CITY - ST - ZIP ST PETERSBURG FL 33702

TITLE SD
NAME ADELS, WILLIAM P
STREET ADDRESS 984 CROSLY DRIVE
CITY - ST - ZIP DUNEDIN FL 34698

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James E. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

813-621-2208

Date

Daytime Phone #