

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90012 028 ****70.00

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1. Entity Name

NORTH AMERICAN YOUTH FOUNDATION SERVICES, INC.

Principal Place of Business

3065 U.S. 17 SOUTH
FT. MEADE FL 33841
US

Mailing Address

~~3065 U.S. 17 SOUTH
FT. MEADE FL 33841
US~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3208 Hilltop Av
Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

Country

33803

Country

USA

4. FEI Number

59-2467618

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, JAMES E
3208 HILLTOP AVENUE
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-21-05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP
NAME CHAPIN, DALE
STREET ADDRESS 7393 17TH WAY NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Delete

TITLE S
NAME ADELS, BILL
STREET ADDRESS 984 CROSLY DRIVE
CITY-ST-ZIP DONEDIN FL 34698 ☐ Delete

TITLE T
NAME CLARK, DELL
STREET ADDRESS 12243 GARDEN LAKE CIRCLE
CITY-ST-ZIP ODESSA FL 33556 ☒ Delete

TITLE P
NAME WHITE, JAMES E
STREET ADDRESS 3208 HILLTOP AVENUE
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE **Tr Linda White**
NAME
STREET ADDRESS **3208 Hilltop Av**
CITY-ST-ZIP **Lakeland FL 33803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E White

Date

Daytime Phone #

7-21-05