




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90028 028 \*\*\*\*70.00

<b>DOCUMENT # N94000005643</b>						
<b>1. Entity Name</b> NORTH AMERICAN YOUTH FOUNDATION SERVICES, INC.						
<b>Principal Place of Business</b> 3208 HILLTOP AV LAKELAND, FL 33803 US			<b>Mailing Address</b> 3208 HILLTOP AVE LAKELAND, FL 33803 US			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2467618		
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  WHITE, JAMES E 3208 HILLTOP AVENUE LAKELAND, FL 33803			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
<b>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.</b>						
SIGNATURE 						
(NOTE: Registered Agent signature required when reinstating)						
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> VP	<b>NAME</b> CHAPIN, DALE		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 7393 17TH WAY NORTH	<b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33702			<b>NAME</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S	<b>NAME</b> ADELS, BILL		<input checked="" type="checkbox"/> Delete	<b>NAME</b> AARON STANLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 984 CROSLY DRIVE	<b>CITY-ST-ZIP</b> DONEDIN, FL 34698			<b>STREET ADDRESS</b> 158 Bristol Forest Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T	<b>NAME</b> WHITE, LINDA		<input checked="" type="checkbox"/> Delete	<b>NAME</b> Doug Moon	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3208 HILLTOP AVE	<b>CITY-ST-ZIP</b> LAKELAND, FL 33803			<b>STREET ADDRESS</b> 201 McCoy	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P	<b>NAME</b> WHITE, JAMES E		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> Sebring FL 33875	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3208 HILLTOP AVENUE	<b>CITY-ST-ZIP</b> LAKELAND, FL 33803			<b>TITLE</b> Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>	<input type="checkbox"/> Delete			<b>NAME</b> Rick Johnson	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete			<b>STREET ADDRESS</b> 3005 Lewis Rd	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>CITY-ST-ZIP</b> Dover FL 33527	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE:</b> 			<b>5-11-07</b>		<b>863-285-8067</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	