


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000004908</b> 1. Entity Name <b>SUNCOAST FRIENDS OF YOUTH, INC.</b>	
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Principal Place of Business <b>PO BOX 903 NOKOMIS, FL 34274</b>	Mailing Address <b>PO BOX 903 NOKOMIS, FL 34274</b>
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**DO NOT WRITE IN THIS SPACE**



07152004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0613439</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**McFARLAND, HAROLD D  
1800 SECOND ST.  
SUITE 810  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCKLEY, JAMES 1116 MYRTLE AVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McFARLAND, HAROLD 412 S RAVENNA ST. NOKOMIT, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McFARLAND, BEVERLY 412 S RAVENNA ST. NOKOMIT, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000170051  
08/13/04-80002-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Harold D. McFarland Harold D. McFarland 4/17/04 941-365-1172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #