

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000005292**

1. Entity Name

WALL STREET LIVE FOR YOUTH, INC.



Principal Place of Business

1258 N. PALM AVE  
SARASOTA, FL 34236 US

Mailing Address

1258 N. PALM AVE.  
SARASOTA, FL 34236 US



02242006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0626232**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIMES, MICHELE B.  
200 S. ORANGE AVENUE  
SARASOTA, FL 34236

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | PDT                 |
| NAME           | GITHLER, KIM        |
| STREET ADDRESS | 1258 N PALM AVE     |
| CITY-ST-ZIP    | SARASOTA, FL 34236  |
| TITLE          | VPD                 |
| NAME           | GRIMES, MICHELE B   |
| STREET ADDRESS | 200 S. ORANGE AVE.  |
| CITY-ST-ZIP    | SARASOTA, FL 34236  |
| TITLE          | SD                  |
| NAME           | ECKERT, KATHERINE G |
| STREET ADDRESS | 1258 N PALM AVENUE  |
| CITY-ST-ZIP    | SARASOTA, FL 34236  |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

U00000562026  
05/19/06-80039-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #