

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000782

FILED
Jan 05, 2006
Secretary of State

Entity Name: EAST MILTON YOUTH ASSOCIATION, INC.

Current Principal Place of Business:

EAST MILTON YOUTH ASSOCIATION
P.O. BOX 4141
MILTON, FL 32572

New Principal Place of Business:

Current Mailing Address:

PO BOX 4141
MILTON, FL 32572

New Mailing Address:

FEI Number: 59-3358661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELVIN, DANIEL R
4137 MCCONNELL ST.
MILTON, FL 32583 US

Name and Address of New Registered Agent:

LASHARE, MARK A TREASUR
6042 SYRCLE AVE.
MILTON, FL 32570 US

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.

SIGNATURE: MARK LASHARE

01/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FEICK, SCOTT D
Address: 5021 BENT TREE RD
City-St-Zip: MILTON, FL 32583

Title: VP () Delete
Name: MELVIN, DANIEL R
Address: 4137 MCCONNELL ST.
City-St-Zip: MILTON, FL 32583

Title: SOC () Delete
Name: HUTCHINSON, BRIAN
Address: 8019 S. AIRPORT RD
City-St-Zip: MILTON, FL 32583

Title: SEC (X) Delete
Name: MCLEAN, JENNIFER
Address: 6408 WALNUT ST.
City-St-Zip: MILTON, FL 32570

Title: TREA () Delete
Name: LASHARE, MARK
Address: 6242 SYRCLE DR.
City-St-Zip: MILTON, FL 32570

Title: CON () Delete
Name: FEICK, BECKY
Address: 5021 BENT TREE RD.
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: LASHARE, MARK
Address: 6042 SYRCLE DR.
City-St-Zip: MILTON, FL 32570

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK LASHARE

TREA

01/05/2006

Electronic Signature of Signing Officer or Director

Date