


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

07-27-2005 90046 005 ****61.25

DOCUMENT # N96000001878
 1. Entity Name
ESTEEM FOR FLORIDA YOUTH, INC.



Principal Place of Business
**718 MARGARET SQUARE
 WINTER PARK, FL 32789**

Mailing Address
**718 MARGARET SQUARE
 WINTER PARK, FL 32789**

66026241



07012005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3377202

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANN, PAMELA
 718 MARGARET SQUARE
 WINTER PARK, FL 32789**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$81.25
 Due by September 7, 2005**


9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BEHRLE, JOHN 7648 SOUTHLAND BLVD 100 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEON, CERETHA 425 N ORANGE AVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACDIARMID, MALCOLM 401 S SEMORAN BLVD WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEO MANN, PAMELA M 718 MARGARET SQUARE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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:  **10/18/05 407-645-1193**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #