
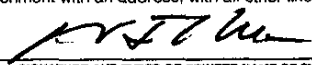


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90045 044 \*\*\*\*61.25

<b>DOCUMENT # N96000002418</b> 1. Entity Name <b>SERENOA YOUTH FOUNDATION, INC.</b>																																										
Principal Place of Business <b>4 BRIDGE STREET ENGLEWOOD, FL 34223</b>	Mailing Address <b>800 S OSPREY AVE SARASOTA, FL 34236</b>																																									
<b>DO NOT WRITE IN THIS SPACE</b>																																										
6. Name and Address of Current Registered Agent  <b>SHEA, NORMAN J. III 800 S. OSPREY AVE. BLDG. A. SARASOTA, FL 34236</b>		<b>DO NOT WRITE IN THIS SPACE</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.																																										
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																										
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>																																								
10. OFFICERS AND DIRECTORS																																										
<table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>SHEA, NORMAN J. III</td></tr><tr><td>STREET ADDRESS</td><td>800 S. OSPREY AVE.</td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA, FL</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>SUPLER, T. RAYMOND</td></tr><tr><td>STREET ADDRESS</td><td>800 S. OSPREY AVE.</td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA, FL</td></tr><tr><td>TITLE</td><td><del>D</del></td></tr><tr><td>NAME</td><td><del>JONES, CARROL</del></td></tr><tr><td>STREET ADDRESS</td><td><del>4 BRIDGE ST</del></td></tr><tr><td>CITY-ST-ZIP</td><td><del>ENGLEWOOD, FL 34223</del></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	D	NAME	SHEA, NORMAN J. III	STREET ADDRESS	800 S. OSPREY AVE.	CITY-ST-ZIP	SARASOTA, FL	TITLE	D	NAME	SUPLER, T. RAYMOND	STREET ADDRESS	800 S. OSPREY AVE.	CITY-ST-ZIP	SARASOTA, FL	TITLE	<del>D</del>	NAME	<del>JONES, CARROL</del>	STREET ADDRESS	<del>4 BRIDGE ST</del>	CITY-ST-ZIP	<del>ENGLEWOOD, FL 34223</del>	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)(i), 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: 		<b>2/15/04 941-366-3600</b>																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																																								

24013437



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0673133</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**