

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N96000002784

1. Entity Name  
ANTIOCH YOUTH AND DEVELOPMENT FOUNDATION,  
INC.



**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

163 CATLINA STREET  
FORT MYERS, FL 33916

Mailing Address

PO BOX 50626  
FORT MYERS, FL 33994



07012005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0132438

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, CASSANDRA  
BASTLEBAR CIRCLE  
FORT MYERS, FL 33905

**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

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 September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, RUSSELL REV
STREET ADDRESS	2 KINGMAN CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	VD
NAME	FAUST, BOBBY SR
STREET ADDRESS	5 KINGMAN CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	TD
NAME	MATHEWS, SHAURIE
STREET ADDRESS	2255 PAULO STREET
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	SD
NAME	SCOTT, CASSANDRA
STREET ADDRESS	10 CASTLEBAR CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000372501  
07/13/05-80003-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-05

Date

239-340-4400

Daytime Phone #