2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# N97000000788

Entity Name: CYC YOUTH SAILING FOUNDATION, INC.

Current Principal Place of Business:

1150 CLEVELAND ST
SUITE 300
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

830 S BAYWAY BLVD
CLEARWATER, FL 34630

New Mailing Address:

FEI Number: 59-3515715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STROHAUER, GARY N
1150 CLEVELAND ST
SUITE 300
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	STROHAUER, GARY N	
Address:	1150 CLEVELAND ST SUITE 300	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	TUGGLE, PAUL	
Address:	12 TANGELO TER	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	D	( ) Delete
Name:	BILLING, DAVID	
Address:	227 BAYSIDE DRIVE	
City-St-Zip:	CLEARWATER, FL 33767	
Title:	D	( ) Delete
Name:	PHILLIPS, ELISABETH	
Address:	3 AMBLESIDE DR	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	KIDD, RICHARD	
Address:	214 HOWARD DR	
City-St-Zip:	BELLEAIR BEACH, FL 33786	

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:	( ) 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: DAVID BILLING D 07/14/2006
Electronic Signature of Signing Officer or Director — Date