

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90040 045 ****70.00

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1. Entity Name

CENTRAL PARK VILLAGE YOUTH SERVICES, INC.



Principal Place of Business

CENTRAL PARK VILLAGE YOUTH
1302 N. 19TH STREET STE. 300
TAMPA FL 33605
US

Mailing Address

PO BOX 5238
TAMPA FL 33675
US

2. Principal Place of Business

1320 E. 9th Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33605

Country

US

Zip

Country

4. FEI Number

59-3478148

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENTLEY, MARK ESQUIRE
201 NORTH FRANKLIN STREET
SUITE 2200
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CAPITANO, SR, JOSEPH
STREET ADDRESS 1302 N. 19TH ST., STE 300
CITY-ST-ZIP TAMPA FL 33605

TITLE VPD ☐ Delete
NAME MORRICK, RONALD J
STREET ADDRESS 730 S. STERLING AVE, STE. 200
CITY-ST-ZIP TAMPA FL 33609

TITLE SD ☐ Delete
NAME BENTLEY, MARK ESQUIRE
STREET ADDRESS 201 N FRANKLIN ST, SUITE 2200
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ Delete
NAME HIGGINS, LAWRENCE
STREET ADDRESS 5225 N HIMES AVE
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ Delete
NAME THOMAS, ROBERT
STREET ADDRESS 40 RANCH RD
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE D ☐ Delete
NAME ELLSASSER, ED
STREET ADDRESS 5450 BEAUMONT CTR BLVD
CITY-ST-ZIP TAMPA FL 33634

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME Capitano
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Ronald J Morrick
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Mark Bentley
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 67, 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

Date

Daytime Phone #